Shawn Patty Investigations, Inc.

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Investigation Assignment Form

From | **Company**

Phone | **Claim #**

Email | **Today's Date**

Insured/Employer

Department | **Contact** | **Phone**

Address

Claimant | **Job Title**

Address

Phone | **DOB** | **SSN** | **Sex**

If Surveillance - Physical Description (height, weight, hair color, vehicles, etc.)

Type of Injury

Date of Injury | **Location**

Facts

Issues	Interview	Secure
☐ AOE/COE	☐ Claimant	☐ Personnel Records
☐ Surveillance	☐ Witnesses	☐ Wage Statement
☐ Going & Coming	☐ Supervisor	☐ Medical Authorization
☐ Dependency	☐ Employer	☐ Medical Records
☐ Serious & Willful	☐ Third Party	☐ Birth/Death Certificate

Remarks

Print Form Email Form