

JLP Investigation Solutions - Integrity. Results. Clarity.

Client Investigation Request Form

Please complete the sections below to assist JLP in understanding your matter. All information provided will be treated confidentially.

1. Client Details

Organisation Name: _____

Contact Person: _____

Position/Title: _____

Phone: _____

Email: _____

2. Type of Investigation Required

Governance & Risk Prevention

Policy Development

Incident Reporting Systems

Safe Work Instructions

Risk Assessment Frameworks

Investigation & Claim Matters

Workplace Injury (Physical)

Workplace Injury (Psychological)

Insurance Fraud / Theft Investigation

Surveillance

Skip Trace / Locate

Other (please specify): _____

3. Summary of the Matter

Please provide a brief overview of the issue or allegation:

4. Key Individuals Involved

Name(s) and role(s):

5. Relevant Dates / Timeline

6. Supporting Documentation Available

- Emails
- Incident Reports
- Medical Certificates
- CCTV / Footage
- Policies / Procedures
- Other: _____

7. Urgency & Timeframe

Urgent (within 48 hours)

Within 7 days

Flexible

Additional comments: _____

8. Desired Outcome

What outcome are you seeking from this investigation?

Declaration

I confirm that the information provided above is accurate to the best of my knowledge and I am authorised to engage investigative services on behalf of the organisation.

Signature: _____ Date: _____

For confidential enquiries: admin@jlpis.com