



Karyn Tribble, PsyD, LCSW

Director

Investigation Notes

Beneficiary Name: _____ Date: _____

☐ Spoke to person with knowledge of situation

Name: _____

Contact information: _____

Connection to matter: _____

☐ Left message for person with knowledge of situation

Name: _____

Time of message: _____

Summary of message content: _____

☐ Conducted site visit

Site visited: _____

Address: _____

☐ Other _____

Summary of activity, action taken or conversation in support of the investigation:

Name of investigator: _____

Signature or initials: _____