FOR OFFICAL USE ONLY

Claim Number:…….. Date Received: …….. Receiving Officer: …….

Investigated by: …… Start Date: …….. End Date:……

List of Attached Reports:

_____
_____
_____

Recommendation- Operations Department:

_____
_____
_____
_____

Recommendation Security Department:

_____
_____
_____
_____

_____ _____
Signature Date
Operations Manager

_____ _____
Signature Date
PSFO

To be completed by Chief Executive Officer

Approved: ☐ Rejected: ☐ Other (specify) ☐

Comments:_____
_____
_____

_____ _____
Signature Date
Chief Executive Officer