

UNDERCOVER OBSERVATION FORM

CASE INFORMATION

Case Number: _____

Client Name: _____

Business Location: _____

Investigator Name: _____

Undercover Identity: _____

Operation Dates: From _____ To _____

PERSONAL NOTES

DAILY OBSERVATIONS

Date:

Shift Time: _____ to _____

Employees on Duty:



INCIDENT REPORT

Time of Incident: _____

Location: _____

Persons Involved: _____

Description of Incident:



SUSPICIOUS ACTIVITIES

Date/Time: _____

Employee(s) Involved: _____

Type of Activity:

Detailed Description:



CASH HANDLING OBSERVATIONS

Date/Time: _____

Register/Location: _____

Employee: _____

Transaction Details:

Transaction Details:



INVENTORY/MERCHANDISE OBSERVATIONS

Date/Time: _____

Item Description: _____

Employee Actions:



EMPLOYEE CONDUCT NOTES

Employee Name: _____

Date/Time: _____

Behavior Observed:



SECURITY OBSERVATIONS

Date/Time: _____

Security System/Measure: _____

Observation:



CONVERSATIONS/OVERHEARD INFORMATION

Date/Time: _____

Persons Present: _____

Summary of Conversation:



PATTERN NOTES

Pattern Type: _____

Frequency: _____

Description:



EVIDENCE COLLECTED

Type of Evidence: _____

Date/Time Collected: _____

Description:



ADDITIONAL NOTES

FOLLOW-UP ACTIONS REQUIRED

Investigator Signature: _____ Date: _____

Supervisor Review: _____ Date: _____

[REDACTED]

CONFIDENTIAL - PRIVATE INVESTIGATION DOCUMENT