

South Australia

Web: DragelInvestigations.com.au

Licence: ISL337158



This form is designed to gather information for the purposes of assessing your needs and determining the scope of investigative services. Completion of this form does not constitute a binding agreement or guarantee of services. Drage Investigations will review the information provided and may request additional details before proceeding with any investigation. All information collected will be handled in accordance with applicable laws and ethical guidelines.

CLIENT DETAILS					
Client Type:		<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Business/Company	
Full Name / Business Name:					
If submitting this as a business, Contact Person:					
Contact Person's Position/Title:					
Primary Address: _____					
				Post Code: _____	
City: _____				State: _____	
Phone: _____			Mobile: _____		
Email Address: _____					
Preferred Contact Method:		<input type="checkbox"/> Phone	<input type="checkbox"/> Email		
CASE DETAILS					
Briefly describe the situation and any relevant background details: 					

Date: _____

DRAGE INVESTIGATIONS

South Australia

Email: info@DrageInvestigations.com.au

Web: DrageInvestigations.com.au

ABN: 40 328 338 041

Licence: ISL337158



What is the primary goal of the investigation?

Have any prior actions or investigations been conducted?

☐ Yes

☐ No

If yes, please provide details:

Are there specific locations relevant to this case?

☐ Yes

☐ No

If yes, list locations:

Location #1:

Location #2:

Location #3:

Location #4

Comments:

Initials:

Date:

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Are there specific individuals of interest? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Contact Information	Relation to Case

Comments:

SUPPORTING DOCUMENTS
(Please list or attach any relevant documents that may assist in the investigation).

Contracts, agreements, or NDAs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emails, text messages, or correspondence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surveillance photos/video	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (specify): <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>		

Initials: _____

Date:

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POTENTIAL RISKS & CHALLENGES	
Are there any risks or challenges we should be aware of (e.g., legal, safety, ethical concerns)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
Are there any conflicts of interest Drage Investigations should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
CLIENT EXPECTATIONS & PRIORITIES	
Are there any time constraints or deadlines for this investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
Do you have budget considerations for this investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
Additional Comments:	

Initials:

Date:

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CONSENT & ACKNOWLEDGEMENT

I confirm the information provided above is accurate and I consent to Drage Investigations collecting and using this information for the purposes of assessing providing investigative services. I acknowledge:

- Submission of this form **does not constitute engagement** of investigative services. Drage Investigations will review the provided information and determine if our services are suitable before proceeding.
- All information will be handled confidentially and used solely for the purpose of evaluating and conducting investigative services.
- The information will be kept secure and confidential and will not be disclosed to third parties without my consent, except where required by law or necessary to carry out the investigation.
- Drage Investigation will collect and use my personal data in accordance with applicable laws, including the Australia Privacy Principles, ensuring my data is securely managed.
- I authorise Drage Investigations to contact individuals or entities mentioned in this form solely for the purpose of conducting this investigation, in accordance with applicable privacy laws.
- Investigative services will only proceed **upon mutual agreement**, and a formal engagement outlining the scope, estimated timeframes, and costs will be provided for approval before any work begins.

Note: The client is required to date and initial each page of this form to acknowledge the information provided and confirm its accuracy to the best of their knowledge.

Name:

.....

Signature:

.....

Date:

.....

SUBMISSION INSTRUCTIONS

Please complete and return this form via **email** to info@DrageInvestigations.com.au. If additional information is required, Drage Investigations will contact you.

Thank you for choosing Drage Investigations.

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ADMINISTRATION USE ONLY	
Date Received:	Case File Number:
Received By (Investigator Name):	
Verification Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-Up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, details:	
Investigator Notes/Comments:	
Checklist for Case Tracking	
<input type="checkbox"/> All required client details completed.	
<input type="checkbox"/> Signatures obtained.	
<input type="checkbox"/> Blank spaces marked appropriately.	
<input type="checkbox"/> Supporting documents attached/received.	

Investigator Name:

Investigator Signature: **Date:**