



# QUABBIN VALLEY PARANORMAL

Investigating the Paranormal in New England Since 2007

## Case Reception Action

**Case Location:**

**Client Name:**

- **Case Request Received (Date):**
- **Referred By:**
- **Case Number Assigned (List Case Number):**
- **Reply Confirmation Sent To Client (Date and Time):**
- **Case Worker Assigned (Case Manager or Assigned Member):**
- **Intake Questionnaire Completed (Date and By Whom):**
  
- **Case Approved By Executive Command Staff (Date):**
- **Date Scheduled for Preliminary Investigation (Date Scheduled):**
- **Team Established for Investigation Set (List Team Members):**
  
- **History/Site Location Completed (Date and By Whom):**
  
- **Preliminary Investigation Completed (Date):**