

**Surveillance Personnel Purposes Only**

**Date Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**iTrak DL#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received By:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SURVEILLANCE OF6 REVIEW REQUEST**

**SECTION 1 – TO BE COMPLETED BY THE REQUESTING DEPARTMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  Date:Click or tap to enter a date. | Requestor Name | Title | Department |
| Documents disseminated will be sent through the email you provide. **The email address must be through GRGE or GRIC**. | Requestor’s Email |
| **Type of Request/Purpose:** | [ ]  Gaming  | [ ]  Illegal Activity  | [ ]  Code of Conduct  | [ ]  Risk Management | [ ]  Other  |
| **Hold Request:** | [ ] 90 Day Hold | [ ] 1 Year  | [ ] Indefinite Hold |
| **Special Requests:** | [ ] Review of Footage Only | [ ]  No Report Needed | [ ]  Photos | [ ]  DVD(s) |
| **Site & Specific Location:** | Site:Click or tap here to enter text. | Location: Click or tap here to enter text.  |
| **Incident Start Date:**Enter Start Date | **Incident Start Time:**Enter Start Time | **Incident End Date:**Leave blank, If N/A | **Incident End Time:**Leave blank, If N/A |
| **Person under surveillance:** Insert name(s) |
| **Provide reason and detailed information for your request:** Insert details: |

**SECTION 2 – TO BE COMPLETED BY SURVEILLANCE PERSONNEL**

|  |  |
| --- | --- |
| **Surveillance IN #:**  | **Assigned Officer’s Badge #:** |
| **Review Start Date:** | **Review Completion Date:** |
| **Items Released:** | [ ] IN Report | [ ] Photos \_\_\_QTY  | [ ] DVD \_\_\_QTY | [ ] No Items Released |
| **Released by:** | **Date:** | **Print Name:** | **Signature and Badge #:** |
| **DVD(s) Released to:** | **Date:** | **Print Name:** | **Signature and Badge #:** |