

### Reasonable Suspicion Documentation

Use this form to document specific, currently occurring workplace behavior, performance or appearance that has caused you to be concerned about an employee's ability to safely and effectively perform their duties. **Do Not** make any assessment or diagnosis regarding the cause of the behavior, performance or appearance.

Are you initiating this action because of a workplace accident? \_\_\_\_\_

Was off-site medical treatment required? \_\_\_\_\_

How was this person involved in the accident/incident? \_\_\_\_\_

Did you see the employee in question possession of drugs or alcohol? \_\_\_\_\_

Did you see the employee use drugs or alcohol on workplace premises? \_\_\_\_\_

<b>Appearance</b>		
Out of required uniform		Messy
Dirty		Sweating
Stained clothing		Face flushed
Pale or pasty		Tremors or shaking
Poorly dressed		
Specific notes regarding observations:		

<b>Odor</b>		
Smell of Alcohol		Smell of Marijuana
Unusual Odor		Excess cologne/perfume
Mouthwash		Breath spray
Gum		Mints
Specific notes regarding observations:		

<b>Walking or Mobility</b>		
Unsteady		Stumbling
Staggering		Must hold something
Falling, unable to stand		Slow reactions
Uncoordinated		Fumbling or dropping items
Oddly, slow movement		Feet wide apart (stability)
Specific notes regarding observations:		

<b>Speech</b>		
Slurred		Loud or shouting
Incoherent		Refusal to speak
Speaking to quietly		Blabbering
Specific notes regarding observations:		

<b>Eyes</b>		
Glassy		Bloodshot
Watery		Avoid eye contact
Dilated pupils		Constricted pupils
Sleepy or shuttered eyes		
Specific notes regarding observations:		

<b>Attitude or Demeanor</b>		
Uncooperative		Sarcastic
Hostile or threatening		Argumentative
Withdrawn		Mood swings
Inappropriate laughter		Unpredictable behavior
"Hyper"		Vulgar
Sad or crying		Spoiling for a fight
Paranoid		Hearing things
Drowsy or falling asleep		Seeing things
Specific notes regarding observations:		

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List the witnesses to this event and provide their contact information.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Provide a detailed description of the incident describing what was seen and heard. Provide witnesses an opportunity to record their observations.

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Signature of Supervisor # 1. \_\_\_\_\_

Signature of Supervisor # 2. \_\_\_\_\_

Witness \_\_\_\_\_

Employee #1 \_\_\_\_\_