

**REASONABLE SUSPICION REPORT FORM**

**\*\*Call Your Department Director or Human Resources Before Using This Form\*\***

Organization: City of Frisco Department: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Employee Being Observed: \_\_\_\_\_

- Check the one that applies:
- Initial Observation
  - Follow-up Observation
  - Pre-testing Observation

Detail the employee's actions that made you suspicious to the possibility of substance abuse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOR: (Check all that apply)**

- |  |                                      |                                     |  |                                      |
|--|--------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> normal        | <input type="checkbox"/> defensive   | <input type="checkbox"/> aggressive | <input type="checkbox"/> loud          | <input type="checkbox"/> profanity   |
| <input type="checkbox"/> argumentative | <input type="checkbox"/> belligerent | <input type="checkbox"/> obnoxious  | <input type="checkbox"/> crying        | <input type="checkbox"/> erratic     |
| <input type="checkbox"/> threatening   | <input type="checkbox"/> destructive | <input type="checkbox"/> scared     | <input type="checkbox"/> non-attentive | <input type="checkbox"/> mood swings |

Explain behavior:

\_\_\_\_\_  
\_\_\_\_\_

**APPEARANCE: (Check all that apply)**

- |                                     |  |                                      |                                   |   |
|-------------------------------------|--|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> normal     | <input type="checkbox"/> uncoordinated | <input type="checkbox"/> hyperactive | <input type="checkbox"/> sleepy   | <input type="checkbox"/> bloodshot eyes |
| <input type="checkbox"/> nervous    | <input type="checkbox"/> runny nose    | <input type="checkbox"/> confused    | <input type="checkbox"/> sweating | <input type="checkbox"/> dilated pupils |
| <input type="checkbox"/> staggering | <input type="checkbox"/> pale          | <input type="checkbox"/> tremors     | <input type="checkbox"/> dreamy   | <input type="checkbox"/> glazed eyes    |

Explain appearance:

\_\_\_\_\_  
\_\_\_\_\_

**OVERALL: (Check all that apply)**

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> normal                      | <input type="checkbox"/> out of normal character           | <input type="checkbox"/> impaired  |
| <input type="checkbox"/> unable to function normally | <input type="checkbox"/> under influence of some substance | <input type="checkbox"/> dangerous |

**ACTION TAKEN BECAUSE OF OBSERVATION: (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> observation only                       | <input type="checkbox"/> counseled employee                      |
| <input type="checkbox"/> tested for drugs with urine specimen   | <input type="checkbox"/> tested for alcohol with breath specimen |
| <input type="checkbox"/> employee not tested due to time limits | <input type="checkbox"/> employee refused to submit to test      |

Observer: \_\_\_\_\_  
Phone: \_\_\_\_\_

Witness: \_\_\_\_\_  
Phone: \_\_\_\_\_

**IF TESTING WAS DONE AS A RESULT OF THIS OBSERVATION, YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM.**

- Continued -  
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**Results of Reasonable Suspicion Testing**

As a result of this test employee was:

- returned to duty
- removed from safety-sensitive duty for 24 hours
- terminated

**Drug/Urine Test**

- Negative                       Positive

As a result of this test employee was:

- Returned to duty
- Terminated

Was there any delay encountered in completing the test(s)?

- No       Yes (If yes, explain)

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**Additional details or comments:**

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The supervisor(s) listed below conducted the determination of suspected controlled substance use and/or alcohol and made the decision to authorize the testing of the employee.

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Supervisor's Name (Please Print)

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Witness' Name (Please Print)

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Supervisor's Signature

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Witness' Signature

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Date and Time

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Date and Time