

CITY OF SAN ANTONIO

REASONABLE SUSPICION/BELIEF FORM

Department Submitting Form:	Division:
Contact Name/Title:	Phone No.:
Employee's Name:	Employee SAP No.:

Job Class Title:

Witness Names/Titles: (If witnesses were not gathered, document steps taken in an attempt to gather witnesses.)

Date/Time of Observation:

Check all that apply

Observation by Supervisor	Observation by Witness	Behavior(s) Observed
<input type="checkbox"/>	<input type="checkbox"/>	Possessing, using, or dispensing a prohibited substance
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal or erratic behavior
<input type="checkbox"/>	<input type="checkbox"/>	Verbal abusiveness
<input type="checkbox"/>	<input type="checkbox"/>	Physical abusiveness
<input type="checkbox"/>	<input type="checkbox"/>	Extreme aggressiveness or agitation
<input type="checkbox"/>	<input type="checkbox"/>	Withdrawal, depression, mood changes, or unresponsiveness
<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate verbal response to questioning or instructions
<input type="checkbox"/>	<input type="checkbox"/>	Slurred or incoherent speech
<input type="checkbox"/>	<input type="checkbox"/>	Unsteady gait or other loss of physical control; poor coordination
<input type="checkbox"/>	<input type="checkbox"/>	Dilated or constricted pupils or unusual eye movement
<input type="checkbox"/>	<input type="checkbox"/>	Bloodshot or watery eyes
<input type="checkbox"/>	<input type="checkbox"/>	Extreme fatigue or sleeping on the job
<input type="checkbox"/>	<input type="checkbox"/>	Excessive sweating or clamminess of the skin
<input type="checkbox"/>	<input type="checkbox"/>	Flushed or very pale face
<input type="checkbox"/>	<input type="checkbox"/>	Highly excited or nervous
<input type="checkbox"/>	<input type="checkbox"/>	Nausea or vomiting
<input type="checkbox"/>	<input type="checkbox"/>	Odor of alcohol
<input type="checkbox"/>	<input type="checkbox"/>	Odor of marijuana
<input type="checkbox"/>	<input type="checkbox"/>	Dry mouth (frequent swallowing/lip wetting)
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting
<input type="checkbox"/>	<input type="checkbox"/>	Shaking hands or body tremors/twitching
<input type="checkbox"/>	<input type="checkbox"/>	Irregular or difficult breathing
<input type="checkbox"/>	<input type="checkbox"/>	Runny sores or sores around nostrils
<input type="checkbox"/>	<input type="checkbox"/>	Inappropriate wearing of sunglasses
<input type="checkbox"/>	<input type="checkbox"/>	Puncture marks or tracks
<input type="checkbox"/>	<input type="checkbox"/>	Other erratic or inappropriate behavior (e.g. hallucinations, disorientation, excessive euphoria, confusion) (Please specify below)

Other erratic or inappropriate behavior:

REASONABLE SUSPICION/BELIEF OBSERVATION NARRATIVE

(This detailed description must be completed at time of observation)

Please summarize the facts (include dates and time of day) and circumstances of the incident, employee response, supervisor actions, including if the employee was escorted home, and any other pertinent information not previously noted. Please state the facts in narrative form that gave rise to your reasonable suspicion. Attach additional sheets as needed.

Employee declined to take drug/alcohol test: YES _____ NO _____

Signature of Supervisor:

Date:

Signature of Witness:

Date:

Signature of Witness:

Date:

Department Director's Signature:

Date:

HUMAN RESOURCES DEPARTMENT USE ONLY

Reviewed By (Print):

Date:

Signature:

Supervisors should secure witness signatures at the time of the incident, if witnesses are used to make the reasonable suspicion determination. The Department Director's signature must be secured at the earliest possible time and the Human Resources Department must review this documentation before filing the form in the employee's personnel file, providing a copy to the employee or issuing discipline. The supervisor may proceed with securing the safety of the employee and/or drug and alcohol testing prior to obtaining the Director's signature and Human Resources review.

Refer to AD 4.3 Alcohol and Controlled Substance Testing