REASONABLE SUSPICION REPORT

Employee Name

Supervisor Name

Date **Time** **Office**

Witness Name(s) and Titles (s)

Check the observed behaviors below that led you to complete this report:

❑ Disorientation	❑ Unable to Perform Usual Routine Tasks
❑ Thick, Slurred Speech	❑ Extremely Nervous
❑ Glassy-eyed	❑ Profuse Sweating
❑ Poor Motor Coordination	❑ Uncoordinated Gait
❑ Sleepiness & Drowsiness	❑ Belligerence
❑ Jerky Movement of Eyes	❑ Staggering Gait
❑ Blank Stare Appearance	❑ Mood Changes
❑ Dilated Pupils	❑ Odor of Glue, Paint Solvent
❑ Odor of burnt rope	❑ Muscle Rigidity
❑ Unusual Body Position	❑ Inability to remember
❑ Flushed face, head, or neck	❑ Tremor of fingers & hands
❑ Redness around nasal area	❑ Hearing and/or seeing things
❑ Poor Perception of Time, Distance	❑ Unusually Talkative
❑ Use of sunglasses at inappropriate times	❑ Other, Explain Below

Describe in detail the events which led to this report and explain your observation checked above. You may write on the back of this report.