

Report of Suspected Drug and/or Alcohol Use

(The following should be completed when a Leader suspects an employee is engaged in a violation of University policy relating to the manufacture, distribution, dispensing, possession, or use of drugs and/or alcohol. A separate form should also be filled out by a second witness, who should be a leadership-level employee or a member of the University Police Department, unless no such employee is available.)

Name of Employee

Employee Job Title:

Date and Time of Observed Behavior (include a.m. or p.m.):

Location of Observed Behavior:

Describe Behavior Observed:

I certify that I suspect that the individual identified above is in violation of University policy relating to the manufacture, distribution, dispensing, possession, or use of drugs and/or alcohol. I further certify that I independently have knowledge of the above-described information provided herein.

Signature: _____

Name: _____

Position: _____

Date: _____