

### 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 employees are available.)

Name of Employee

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Employee Job Title:

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

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Location of Observed Behavior:

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Describe Behavior Observed:

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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 information.