



625 N. 5TH STREET
SPEARFISH, SD 57783

City of Spearfish Drug and Alcohol-Free Workplace Plan Reasonable Suspicion Report Form

This form is to be used by supervisor or managers to formally document any incidents, observations, information, and facts that contributed to a determination that “reasonable suspicion” existed which warranted requesting the employee to submit to controlled substance and alcohol testing. Note that this form is to be completed whether the employee voluntarily submits to testing or not. This form must be completed within 24 hours of the determination of “reasonable suspicion” by the supervisor or manager. Upon completion, this form should be sent to Human Resources along with any other related documentation such as an incident report, copy of the testing and release of information form, etc.

Name of employee: _____ Job Title: _____

Name of supervisor making observation: _____

Job Title: _____

Name(s) of witness(es) who can confirm observation: _____

When were observations made? Date: _____ Time: _____ a.m./p.m.

Where was observation made/did incident occur? _____

Specifically describe observed conduct, behavior, symptoms, incidents, or other facts that contributed to the determination that “reasonable suspicion” existed:

Did employee submit to testing upon request? Yes _____ No _____

Who, if anyone, was contacted for further assistance (i.e. City Administrator, Department Head, Human Resource Director, law enforcement, etc.)?

Supervisor’s Signature _____ Date _____

Witness’s Signature _____ Date _____