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| **DISTRICT OF COLUMBIA GOVERNMENT** |  | **EMPLOYEE INFORMATION** |
| **Name** | Name | **Observation Date** | Date |
| **REASONABLE SUSPICION OBSERVATION FORM REV (03/2020)** |  | **Time of Observation**: | **From:** Time **To:** Time | **Location** | Location |
|  |  |  |  |
| **OBSERVATIONS (CHECK ALL THAT APPLY)** |
| **Speech** | [ ]  Normal  | [ ]  Slurred | [ ]  Loud | [ ]  Whispering | **Walking & Talking** | [ ]  Normal  | [ ]  Stumbling  | [ ]  Swaying  | [ ]  Arms Raised for Balance  |
| **Balance** | [ ]  Normal | [ ]  Swaying | [ ]  Staggering | [ ]  Falling | **Awareness** | [ ]  Normal | [ ]  Confused | [ ]  Sleepy | [ ]  Lack of Coordination |
| **Odor** | [ ]  Alcohol | [ ]  Marijuana |  |
| **WORK HABITS** | **YES** | **NO** | **INTERACTION WITH COWORKERS** | **YES** | **NO** |
| Clear refusal to do assigned tasks | [ ]  | [ ]  | Frequent or intense arguments | [ ]  | [ ]  |
| Significant increases in errors | [ ]  | [ ]  | Verbal abusiveness | [ ]  | [ ]  |
| Repeated errors in spite of increased guidance | [ ]  | [ ]  | Physical abusiveness | [ ]  | [ ]  |
| Reduced quantity of work | [ ]  | [ ]  | Unpredictable response to supervision | [ ]  | [ ]  |
| Inconsistent, “up/down” quality/quantity of work | [ ]  | [ ]  | Intentional avoidance of supervision | [ ]  | [ ]  |
| Change in frequency or nature of complaints | [ ]  | [ ]  | Expressions of frustration or discontent | [ ]  | [ ]  |
| Procrastination on significant decisions or tasks | [ ]  | [ ]  | Behavior that disrupts work flow | [ ]  | [ ]  |
| Cynical, “distrustful of human nature” comments | [ ]  | [ ]  | More than usual supervision necessary | [ ]  | [ ]  |
| Frequent, unsupported explanations for poor work performance | [ ]  | [ ]  | Unusual sensitivity to advice or critique of work | [ ]  | [ ]  |
| Noticeable change in written or verbal communication | [ ]  | [ ]  | Unpredictable response to supervision | [ ]  | [ ]  |
| Passive-aggressive attitude or behavior, doing things “behind your back” | [ ]  | [ ]  | Persistently withdrawn or less involved with people | [ ]  | [ ]  |
| **JOB PERFORMANCE** | **YES** | **NO** | **OBSERVATIONS** | **YES** | **NO** |
| Excessive unauthorized absences – number in last 12 months: \_\_\_\_\_\_\_\_ | [ ]  | [ ]  | Changes in or unusual personal appearance (dress/hygiene) | [ ]  | [ ]  |
| Excessive authorized absences – number in last 12 months: \_\_\_\_\_\_\_\_ | [ ]  | [ ]  | Changes in or unusual speech (incoherent, stuttering, loud) | [ ]  | [ ]  |
| Frequent unexplained disappearances | [ ]  | [ ]  | Unusual fears | [ ]  | [ ]  |
| Excessive use of sick leave in last 12 months: \_\_\_\_\_\_\_\_ | [ ]  | [ ]  | Changes in or unusual physical mannerisms (gesture, posture) | [ ]  | [ ]  |
| Frequent Monday-Friday absence or other pattern | [ ]  | [ ]  | Changes in or unusual facial expressions | [ ]  | [ ]  |
| Excessive “extension” of breaks or lunch | [ ]  | [ ]  | Changes in or unusual level of activity (much reduced/increased) | [ ]  | [ ]  |
| Frequently leaves work early | [ ]  | [ ]  | Changes in or unusual topics of discussion | [ ]  | [ ]  |
| You have increased concern about (actual incidents) safety offenses involving the employee | [ ]  | [ ]  | Engages in detailed discussions about death, suicide, harming others | [ ]  | [ ]  |
| Experiences or causes job accidents | [ ]  | [ ]  | Increasingly irritable or fearful | [ ]  | [ ]  |
| Major changes in duties and responsibilities | [ ]  | [ ]  | Lacks appropriate caution | [ ]  | [ ]  |
| Interferes with or ignores established procedures | [ ]  | [ ]  | Unpredictable or out-of-context displays of emotion | [ ]  | [ ]  |
| Inability to follow through on job performance recommendations | [ ]  | [ ]  | Persistently boisterous or rambunctious | [ ]  | [ ]  |
| **OTHER OBSERVATIONS** | Engages in detailed discussions about obtaining/using drugs/alcohol | [ ]  | [ ]  |
| Note any additional observations. | Makes unfounded accusations towards others (e.g., feelings of persecution) | [ ]  | [ ]  |
| Secretive or furtive | [ ]  | [ ]  |
| Memory problems (difficulty recalling instructions, data, past behavior) | [ ]  | [ ]  |
| Excessive fatigue | [ ]  | [ ]  |
| Makes unreliable or false statements | [ ]  | [ ]  |
| Temper tantrums or angry outbursts | [ ]  | [ ]  |
| Demanding, rigid, inflexible | [ ]  | [ ]  |
| *Never accuse an individual of being under the influence of drugs or alcohol. Only relate factual observations. A supervisor who has received reasonable-suspicion training is to complete this form.* | **ABOVE BEHAVIOR WITNESSED BY:** | *Note: Retain for a minimum of 5 years and file in secure, confidential drug and alcohol program file* |
|  |  |  |  |  |  |
| **Name** | Name | **Sign** |  | **Date** | Date |