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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 | | |