



# Reasonable Suspicion Behavior/ Incident Documentation Form

MCPS Form 338-1  
November 2010

Office of Human Resources and Development  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
7361 Calhoun Place, Suite 401 • Rockville, Maryland 20855

Department/work location \_\_\_\_\_

Location of incident \_\_\_\_\_

Employee name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
*Last First MI*

Date of observation \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Length of time observed \_\_\_\_:\_\_\_\_

Supervisor recording observations \_\_\_\_\_ Title \_\_\_\_\_

### Nature of Incident/Cause for Suspicion

- Observed/reported possession of or use of a prohibited substance
- Apparent drug/alcohol intoxication
- Observed abnormal or erratic behavior
- Arrest or conviction for drug-related offense
- Evidence of tampering on a previous drug test
- Other: please specify (e.g., flagrant violation of safety regulations, serious misconduct, fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job)

### Unusual Behavior

- Verbal abusiveness
- Physical abusiveness
- Extreme aggressiveness or agitation
- Withdrawal, depression, mood changes, or unresponsiveness
- Inappropriate verbal response to questioning or instructions
- Other erratic or inappropriate behavior: please specify (e.g., hallucinations, disorientation, excessive euphoria, confusion)

### Physical Signs or Symptoms

- Possessing, dispensing, or using controlled substance
- Slurred or incoherent speech
- Unsteady gait or other loss of physical control; poor coordination
- Dilated or constricted pupils or unusual eye movement
- Bloodshot or watery eyes
- Extreme fatigue or sleeping on the job
- Excessive sweating or clamminess to the skin
- Flushed or very pale face
- Highly excited or nervous
- Nausea or vomiting
- Odor of alcohol
- Odor of marijuana
- Dry mouth (frequent swallowing/lip wetting)
- Dizziness or fainting
- Shaking hands or body tremors/twitching
- Irregular or difficult breathing
- Runny sores or sores around nostrils
- Inappropriate wearing of sunglasses
- Puncture marks or tracks
- Other: please specify: \_\_\_\_\_

Was employee taken for drug/alcohol test?  Yes  No

If no, why not? \_\_\_\_\_

Did the employee leave the work place on his/her own?  Yes  No

Circumstances of employee's departure \_\_\_\_\_

Time left \_\_\_\_:\_\_\_\_ Location \_\_\_\_\_ Vehicle (if any) \_\_\_\_\_

Vehicle license # \_\_\_\_\_ Were local authorities called?  Yes  No

Name of authority notified \_\_\_\_\_

Other person(s) observing departure \_\_\_\_\_

**Written Summary:** Please summarize any facts not previously noted and employee response

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Employee Date Signature, Supervisor Date*