

# Substance Abuse Incident Report

Instructions: Complete this report as soon as possible following any incident involving suspected substance abuse or possession. This document is for record-keeping and administrative action.

## 1. General Information

Date of Report:

Person Completing Report:

Title/Role:

Department/Division:

## 2. Incident Details

Date of Incident:

Time of Incident:

Specific Location of Incident:

## 3. Individuals Involved

Name of Suspected Individual:

Role/Relationship (Employee, Student, Visitor, etc.):

Contact Information (Phone/Email):

## 4. Observed Indicators and Behaviors

Identify observed indicators of suspected substance abuse (e.g., smell of alcohol/cannabis, slurred speech, glassy eyes, unsteadiness, possession of paraphernalia, erratic behavior):

Physical Appearance Indicators:

Behavioral Indicators:

Suspected Substance(s) Involved:

## 5. Incident Description & Actions Taken

Detailed Description of the Incident (What happened?):

Immediate Actions Taken (e.g., first aid, police contacted, sent home, tested):

## 6. Witnesses

Witness 1 Name and Contact:

Witness 2 Name and Contact:

## 7. Signatures for Print

By signing below, the parties acknowledge that the details recorded in this report are accurate to the best of their knowledge.

Reporter Signature:  Date:

Supervisor/Manager Signature:  Date: