**Substance Abuse Incident Report Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | | |
| **Department:** |  | **Location:** |  |
| **Report Date:** |  | **Incident Date & Time:** |  |
| **Reported By:** |  | **Position/Title:** |  |

**1. Employee/Individual Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employee ID / Student ID:** |  | **Job Title / Class:** |  |
| **Supervisor / In-Charge:** |  | **Contact Number:** |  |

**2. Incident Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Incident:** | ☐ Alcohol use on premises | ☐ Drug possession | | ☐ Drug use or intoxication |
| ☐ Substance found on property | ☐ Other: | | |
| **Location of Incident:** |  | **Time of Incident:** |  | |
| **Description of Incident:** |  | | | |
| ` | | | |
|  | | | |

**3. Witness Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Witness Name** | **Position / Relation** | **Contact Number** | **Statement Attached (Y/N)** |
| John Smith | Colleague | 555-234-9090 | Y |
| Sarah Lee | Supervisor | 555-345-7788 | N |

**4. Immediate Action Taken**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Employee removed from work area | ☐ Security notified | ☐ Medical assistance requested | ☐ Supervisor informed |
| ☐ Testing conducted (e.g., breathalyzer, drug test) | | ☐ Suspended pending investigation | |
| **Other actions:** | | | |

**Action Details:**

|  |
| --- |
|  |
|  |
|  |

**5. Investigation Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Investigation Conducted By:** |  | | |
| **Date of Investigation:** |  | | |
| **Findings / Evidence Collected:** |  | | |
| **Conclusion / Determination:** | ☐ Policy Violation Confirmed | ☐ No Violation Found | ☐ Further Review Required |

**6. Recommended Disciplinary Action**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Verbal Warning | ☐ Written Warning | ☐ Suspension | ☐ Mandatory Counseling / Rehabilitation |
| ☐ Termination | ☐ Other: | | |

**Details:**

|  |
| --- |
|  |
|  |
|  |

**7. Signatures**

| **Role** | **Name** | **Signature** | **Date** |
| --- | --- | --- | --- |
| Reporting Officer |  |  |  |
| Supervisor |  |  |  |
| HR Representative |  |  |  |
| Employee / Individual |  |  |  |

**8. For HR Use Only**

| **Field** | **Example / Formula (if Excel)** |
| --- | --- |
| Case ID |  |
| Days Suspended |  |
| Case Status |  |
| Reviewed By |  |
| Final Decision Date |  |

**Notes:**

* All information in this report is **confidential** and should be shared only with authorized personnel.
* This report must be submitted to **HR or Compliance Department within 24 hours** of the incident.