

ATTACHMENT C: REASONABLE SUSPICION FORM

Instructions: *In accordance with the University of Colorado Boulder Intercollegiate Athletic Department’s Substance Abuse Education and Testing Program Policy, complete this form when there is reasonable suspicion (defined as suspicion founded upon specific, objective, and individualized facts which, if taken with rational inferences drawn from those facts, strongly suggests that drug testing may produce evidence of improper use of a prohibited substance) based upon: (1) a report by a self-identified witness or person with credible knowledge of prohibited substance use; (2) an anonymous witness report that has been independently corroborated by the Athletic Department; (3) observation that a student-athlete is exhibiting physical indicators of prohibited substance impairment; (4) a student-athlete’s arrest, charge, or conviction of a drug-related offense or crime involving violence or the threat of violence, including, but not limited to, assault, sexual assault, menacing, or robbery; (5) the student-athlete being identified as the focus of a criminal investigation into illegal drug possession, use, or trafficking; or (6) such other circumstances as provided in the space below.*

Student-Athlete’s Name:	Specific Location of Occurrence:
Date of Occurrence:	Student-Athlete’s Team(s):

Mark each area below to identify the specific reasonable suspicion ground that applies to this occurrence and complete all requested information that pertains to that ground.

- _____ **1. A report, for which the Athletic Department has no legitimate reason to question the credibility of (i.e. Athletics is not aware of a motive the reporting person may possess for being untruthful), by a student, staff or faculty member, or other individual who identifies his/herself and provides details, that he/she is willing to testify to, indicating that he/she witnessed a Student-Athlete use a Prohibited Substance or otherwise has knowledge that the Student-Athlete has used a Prohibited Substance.**

[NOTE: PLEASE VERIFY THE REPORTING WITNESS WOULD BE WILLING TO TESTIFY, TO THE EXTENT NECESSARY, IN A FORMAL PROCEEDING TO THE ACCURACY OF INFORMATION BEING REPORTED. IF THE REPORTING WITNESS IS NOT WILLING TO TESTIFY, PLEASE TREAT THIS AS AN ANONYMOUS REPORT THAT HAS BEEN INDEPENDENTLY COROBORRATED BY LEAVING #1 BLANK AND INSTEAD COMPLETING #2.]

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Name(s) of Reporting Person(s), Contact Information, and Job Title(s) (if applicable):

1.	3.
2.	4.

Provide a complete narrative of the circumstances reported (quote any specific remarks and describe all relevant facts): _____

Describe any inferences drawn from the reported facts: _____

- _____ **2. An anonymous report, for which the Athletic Department has no legitimate reason to question the credibility of (i.e. Athletics is not aware of a motive the reporting person may possess for being untruthful), by an unidentified individual who provides details indicating that he/she witnessed a Student-Athlete use a Prohibited Substance or otherwise has knowledge that the Student-Athlete used a Prohibited Substance, and the Athletic Department is able to independently corroborate the details of such report;**

Provide a complete narrative of the circumstances reported (quote any specific remarks and describe all relevant facts): _____

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Check all items observed:

<input type="checkbox"/> Has alcohol odor on breath
<input type="checkbox"/> Has developed bulky muscles
<input type="checkbox"/> Is stumbling, staggering; has difficulty balancing; acts in an uncoordinated manner
<input type="checkbox"/> Behaves in an unpredictable manner; behaves erratically
<input type="checkbox"/> Looks sedated, sleepy, over relaxed; has droopy eyelids
<input type="checkbox"/> Uses slurred speech
<input type="checkbox"/> Has impaired fine motor skills
<input type="checkbox"/> Has fresh needle marks on the body
<input type="checkbox"/> Has scars or tracks over veins in inner arm
<input type="checkbox"/> Shows dramatic weight loss
<input type="checkbox"/> Is overactive, overly excitable
<input type="checkbox"/> Is very talkative
<input type="checkbox"/> Has small, constricted pupils
<input type="checkbox"/> Shows recent increase in weight
<input type="checkbox"/> Is nervous, agitated, fidgety (tapping feet, hands)
<input type="checkbox"/> Is unaffected by affliction of physical injuries
<input type="checkbox"/> Is recently always broke, without money
<input type="checkbox"/> Has large, dilated pupils
<input type="checkbox"/> Shows slow, decreased reactions

<input type="checkbox"/> Seems paranoid; looks anxious
<input type="checkbox"/> Is frequently sniffing
<input type="checkbox"/> Acts violently, aggressively
<input type="checkbox"/> Is late or absent from practice
<input type="checkbox"/> Has red, blood-shot eyes
<input type="checkbox"/> Has extreme mood swings
<input type="checkbox"/> Has a slow respiration rate
<input type="checkbox"/> Has poor concentration, difficulty focusing
<input type="checkbox"/> Has marijuana odor on clothes, hair
<input type="checkbox"/> Has excessive hunger or thirst
<input type="checkbox"/> Lacks motivation
<input type="checkbox"/> Has runny nose
<input type="checkbox"/> Is vomiting; has nausea, intestinal difficulty
<input type="checkbox"/> Scratching
<input type="checkbox"/> Involuntary eye movement
<input type="checkbox"/> Excessively active
<input type="checkbox"/> Flushed skin
<input type="checkbox"/> Sweating
<input type="checkbox"/> Irritable
<input type="checkbox"/> Yawning
<input type="checkbox"/> Twitching
<input type="checkbox"/> Dizziness
<input type="checkbox"/> Unconsciousness
<input type="checkbox"/> Inability to verbalize

Please provide additional details relevant to the boxes checked above. You may also describe any other specific objective findings not listed: _____

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Name: _____ **Date of Occurrence:** _____ **Page:** ___ of ___

____ **4. Other circumstances as described below:**

Check all items observed:

Unexplained or unexcused absences to practices, class or required appointments

Unable to explain unusual behavior to authority figure in a reasonable and satisfactory way

Rude or irrational behavior to authority figures

Possession of paraphernalia commonly used with substances

Provide a complete narrative of the circumstances reported (quote any specific remarks and describe all relevant facts): _____

Describe any inferences drawn from the reported facts: _____

Additional Comments and Information: _____

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Name: _____ **Date of Occurrence:** _____ **Page:** ___ of ___

Name and Job Title of Person Who Completed Form: _____

Date: _____

Reviewed and Approved by: _____

Date: _____

Student-Athlete Acknowledgement: _____