



METRO SECURITY FORCE INC.



REASONABLE SUSPICION REPORT

DATE: _____ **TIME:** _____ **OFFICER:** _____ **BADGE#** _____

NAME OF COMPLAINTANT: _____ **PHONE#:** _____

NAME OF OTHER WITNESSES: _____

WITNESSES PHONE#: _____

LOCATION OF SUSPICIOUS PERSON(S): _____

DISORIENTATION: _____ **EXTREMELY NERVOUS** _____

THICK, SLURED SPEECH _____ **UNUSUALLY TALKATIVE:** _____

GLASSY-EYED: _____ **PROFUSE SWEATING:** _____

POOR MOTOR COORDINATION _____ **UNCORORDINATED GAIT:** _____

SLEEPINESS & DROWSINESS: _____ **BELLIGERENCE:** _____

JERKY MOVEMENT OF EYES: _____ **STAGGERING GAIT:** _____

BLANK STARE APPERANCE: _____ **MOOD CHANGS:** _____

DILATED PUPILS: _____ **ODER OF GLUE, PAINT SOLVENT:** _____

FLUSHED FACE, HEAD, OR NECK: _____ **POOR PERCEPTION OF TIM & DISTANCE:** _____

REDNESS AROUND NASAL AREA: _____ **USE OF SUNGLASSES AT INAPPORATE TIME:** _____

TREMOR OF FINGERS & HANDS: _____ **UNABLE TO PERFORM USUAL TASKS:** _____

UNUSUAL BODY POSTION: _____ **ODER OF BURNT ROPE:** _____

MUSCLE RIGIDITY: _____ **INABILITY TO REMEMBER:** _____

HEARING OR SEEING THINGS: _____ **OTHER EXPLAIN BELOW:** _____

Describe in detail the events which led to this report and explain your observations checked above. You may write on the Back of this report.
