COUNTY OF LOS ANGELES
Department of Human Resources
Occupational Health Programs
Phone: 213-433-7201 | Email: ohp@hr.lacounty.gov

COUNTYWIDE REASONABLE SUSPICION WITNESS AFFIDAVIT

Note: This Affidavit is intended to be completed by a Witness who is not the Primary Observer.

I certify through my signature below that the above statement is true to the best of my knowledge and observations.

Printed Name _____ Employee ID Number, e _____ Date _____

Signature _____