



**COUNTY OF LOS ANGELES**  
Department of Human Resources  
Occupational Health Programs  
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## 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