

**UC DAVIS  
ACCESS VIOLATION REPORT**

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Reporting Person	Department/Title	Telephone
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Date/Time of Incident	Location
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Name(s) of Unauthorized Person(s) and Organization

Time Spent by Reporting Person: \_\_\_\_\_

Describe Incident:

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1. Was Unauthorized Person asked to leave? Yes\_\_\_\_ No\_\_\_\_  
If yes, by whom? \_\_\_\_\_

2. Did Unauthorized Person comply? Yes\_\_\_\_ No\_\_\_\_

3. Was Unauthorized Person escorted out of unauthorized area? Yes\_\_\_\_ No\_\_\_\_

4. Was Unauthorized Person talking with employees? Yes\_\_\_\_ No\_\_\_\_  
On work time? Yes\_\_\_\_ No\_\_\_\_  
If yes, names of employees, if known:


5. Was Unauthorized Person handing out leaflets? Yes\_\_\_\_ No\_\_\_\_  
If yes, did you get a copy? Yes\_\_\_\_ No\_\_\_\_  
If yes, please forward a copy to Labor Relations/Personnel Services Office.

6. Was Unauthorized Person asked to identify him/herself? Yes\_\_\_\_ No\_\_\_\_  
If yes, did the Unauthorized Person comply? Yes\_\_\_\_ No\_\_\_\_

7. Were there other witnesses? Yes\_\_\_\_ No\_\_\_\_  
If yes, names of witnesses:  
\_\_\_\_\_  
\_\_\_\_\_

8. How did the activity interfere with the unit's work? (Specific description, especially the effect on patient care)  
\_\_\_\_\_  
\_\_\_\_\_

9. Was the violation reported to Labor Relations? Yes\_\_\_\_ No\_\_\_\_  
If yes, to whom?\_\_\_\_\_

10. If after "normal working hours," was Labor Relations contacted? Yes\_\_\_\_ No\_\_\_\_  
If yes, to whom?\_\_\_\_\_

11. Was Police Department called? Yes\_\_\_\_ No\_\_\_\_

Other Comments:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

----- Labor Relations Use Only -----

\_\_\_\_\_  
Staff Receiving Report Date

Violation Letter Sent? Yes\_\_\_\_ Date\_\_\_\_\_ No\_\_\_\_

cc: Reporting Person  
Violation File  
Mgmt. Reps if applicable