## UC DAVIS
### ACCESS VIOLATION REPORT

<table>
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<tr>
<th>Reporting Person</th>
<th>Department/Title</th>
<th>Telephone</th>
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<table>
<thead>
<tr>
<th>Date/Time of Incident</th>
<th>Location</th>
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<tr>
<th>Name(s) of Unauthorized Person(s) and Organization</th>
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**Time Spent by Reporting Person:**

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**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:

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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