

PPM 580: Appendix II – Access Violation Report

| | |
|--|--|
| UC ANR Policy and Procedure Manual Section 580 Research and Extension Centers | |
| Responsible Officer: | Director of the REC System |
| Responsible Office: | Research and Extension Center System Administrative Office |
| Issuance Date: | 11/06/2019 |
| Effective Date: | 11/06/2019 |
| Scope: | This policy applies to UCANR Research and Extension Centers (RECs) |

| | |
|-----------------|--|
| Contact: | Vacant |
| Title: | Associate Vice President Director of the REC System |
| Email: | |
| Phone: | |
| Contact: | Darren Haver |
| Title: | Associate Director of the REC System |
| Email: | dlhaver@ucanr.edu |
| Phone: | (949) 301-9182 Ext. 1002 |

As described in University of California (UC) Agriculture and Natural Resources (ANR) Section 580, and Appendix I of Section 580 (located [here](#)), reports of Research and Extension Center (REC) access violation will be made by submitting the below information to the REC Center Director. Contact information for Center Directors is available at https://ucanr.edu/sites/ucanr/ANR_Offices/RECs/.

**UC AGRICULTURE AND NATURAL RESOURCES
RESEARCH AND EXTENSION CENTER
ACCESS VIOLATION REPORT**

Reporting Person

Department/Title

Telephone

Date/Time of Incident

Location

Name(s) of Unauthorized Person(s) and Organization

Time Spent by Reporting
Person: _____

Describe Incident: _____

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?
On work time? Yes ___ No ___

If yes, name 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/Staff Personnel

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, name of witnesses: _____

8. How did the activity interfere with the unit's work? (Specific description) _____

9. Was the violation reported to Labor Relations/Staff

Personnel? Yes ___ No ___

If yes, to whom? _____

10. If after "normal working hours," was Labor Relations

contracted? Yes ___ No ___

If yes, to whom? _____

11. Was the Police Department called?

Yes ___ No ___

Other Comments: _____

-----Staff Personnel and Labor Relations Use Only-----

Staff Receiving Report

Date

Violation Letter Sent?

Yes ___ Date ___ No ___

cc: Reporting Person
Violation File
Mgmt: Reps if applicable