



ASSAULT ALERT

**A Project of the New York State Correctional Officers
& Police Benevolent Association, Inc.**

Fax to 518.426.7897 or mail to NYSCOPBA Assault Alert, 102 Hackett Blvd., Albany, NY 12209

Agency/Worksite: _____ **Date:** _____

Name of Officer Assaulted: _____

Description of Assault: _____

Type of Assault: _____ **Aggravated Harassment (Y/N):** ____

Misbehavior Report Charges: _____

Location of Assault: _____ **Date:** _____ **Time:** _____

Injuries suffered: _____

Medical Treatment Required: _____

Supporting Deposition filed with Police (Y/N): ____ **Police Agency:** _____

Referred to District Attorney (Y/N): ____ **District Attorney:** _____

Notes: _____