



ASSAULT ALERT

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

Complete and fax immediately to your NYSCOPBA Regional Office and NYSCOPBA Headquarters
Attn: Regional Vice-Presidents and Executive Vice-President.

_____ *Agency*

_____ *Name of Officer Assaulted*

• **Description of Assault:** _____

• **Type Of Assault** _____ **Aggravated Harassment** _____

• **Was Misbehavior Report Issued and What Charges** _____

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

• **Injuries to Officer and Type of medical treatment:** _____

• **Was a supporting Deposition filed and issued to local or State Police Agency** _____

• **If so was the assault referred to the DA for prosecution, County?:** _____