



ASSAULT ALERT FORM

A PROJECT OF THE CALIFORNIA
CORRECTIONAL PEACE OFFICERS ASSOCIATION

Complete and fax immediately to CCPOA Headquarters,
Attn.: Nichol Pryde, (916) 372-0633, with a copy of the 837 incident or special incident report

Institution: _____

Date and time of assault: _____

Description of assault or gassing (including weapons, if applicable): _____

Location of assault: _____

Injuries to Officer(s) and location of medical treatment: _____

Has this assault been referred to the District Attorney for prosecution?: _____

In what county?: _____