



**California Association of Legal Support Professionals
Assault/Battery Incident Report**

Today's Date: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Company Name: _____

Incident Details:

Date/Time of Incident: _____

Location: _____

Reported to Police/Sheriff: Y N (circle one)

Police/Sheriff Report number: _____

Was the offender prosecuted? Y N (circle one)

If prosecuted, what is the criminal case number? Please provide _____

Description of offender:

Name: _____

Address: _____

Physical Description: Race__ Sex__ Age__ Ht.__ Wt.__ DOB _____

Describe Incident (attach additional sheets as needed):

I declare that the information provided in this report is true and correct.

Date: _____ Signature: _____

Number of additional pages attached _____

Please mail/pouch/fax this report to:

Assault Advisor

c/o CALSPRO Central Office

2520 Venture Oaks Way, Suite 150, Sacramento, CA 95833

916.239.4065 – Phone/916.924.7323 – Fax

www.calspro.org info@calspro.org