

**FAX TO (718) 371 - 0318**  
**ASSAULT AGAINST MOS**  
**PHYSICAL ASSAULT (FISTS, KIFE,GUNSHOT,ETC.)**  
**VERBAL ABUSE FROM PATIENT/PUBLIC**

If you are assaulted on the job it is very important for the union to know about it. If you were physically or verbally assaulted, please fill out the survey and fax or mail it to Local 2507 immediately or it can also be post to our website www.Local2507.net in the Health & Safety link. In Addition, You should also notify your Union Delegate of the incident.

Name: \_\_\_\_\_ Command: \_\_\_\_\_

Your Phone Number/Pager Number: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

- Physical Assault       Verbal Assault

Please describe briefly what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who did you report the incident to? \_\_\_\_\_

Names of Witness, with address and phone number: \_\_\_\_\_  
\_\_\_\_\_

**Checklist:**

- Incident Report       Lodi Package (if indicated)       Delegate