

Assault or Battery Against Hospital Personnel Report Form

[Hospital Letterhead]

[Date]

[Local Law Enforcement Agency Name]

[Address]

Dear _____:

Pursuant to California Health and Safety Code Section 1257.7, we are reporting that an assault and/or battery against on-duty hospital personnel took place on *(date)* _____.

Check the following:

1. The incident resulted in injury to the employee. Yes* No
2. The incident involved the use of a firearm or other dangerous weapon. Yes* No

Please contact _____ at _____ if you have any questions.

Sincerely,

[Signature]

[Name]

[Title]

**Report is required if this box is checked.*

If the assault and/or battery did not result in injury to an employee and did not involve the use of a firearm or other dangerous weapon, the hospital is not required to make a report to the local law enforcement agency. However, other reporting requirements may apply, such as Cal/OSHA requirements. See chapter 5 in CHA's Healthcare Workplace Violence Prevention guidebook for details on all reporting requirements.

