

440 North Broad Street  
Philadelphia, Pennsylvania 19130

Principal: \_\_\_\_\_

Name of Person Completing Statement: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

☐ Administrator    ☐ Teacher    ☐ SPO    ☐ Support Staff

☐ Student    ☐ Victim    ☐ Other \_\_\_\_\_

List the names of ALL person(s) involved:

[illegible]

Name (print & sign)	Position	Date
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- | Name | Position | Date |
|------|----------|------|
|------|----------|------|

## OSR-5 (Rev.8/2013)