School District of Philadelphia 440 North Broad Street

Philadelphia, Pennsylvania 19130

| School Name:Principal: | | | | |
|---------------------------------------|--|--|---|------------------|
| | | <u>Statemen</u> | <u>t</u> | |
| Name of Person Comple | ting Statement: | | Date of Inter | view: |
| Position (check one): | | | | |
| ☐ Administrator | Teacher | ☐ SPO | Support Staff | |
| Student | ☐ Victim | Other | | |
| was the sequence of events | , as well as <u>WHEN</u> l clear as possible a involved. | and <u>WHERE</u> the and includes actua | nvolved or present at the tim incident took place. Make ce I first and last names, rather | ertain that your |
| | | | | |
| On (date)in/at (location) | | | | , |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Above statement writt | en by: | | | |
| Name (print & sign) | | Posit | ion | Date |
| | uses to provide value of the second s | | nt ing a written statement | |
| Name | | Posit | ion | Date |
| · · · · · · · · · · · · · · · · · · · | | BY SCHOOL O | OFFICE PERSONNEL C | ONLY |
| DC Number | | | | |
| Serious Incident Control | Number | | | |

OSR-5 (Rev.8/2013)