School District of Philadelphia

440 North Broad Street
Philadelphia, Pennsylvania 19130

School Name: _____
Principal: _____

Statement

Name of Person Completing Statement: _____ Date of Interview: _____

Position (check one):

☐ Administrator ☐ Teacher ☐ SPO ☐ Support Staff

☐ Student ☐ Victim ☐ Other _____

Please be sure that your statement clearly answers: WHO was involved or present at the time of incident, WHAT was the sequence of events, as well as WHEN and WHERE the incident took place. Make certain that your statement is as specific and clear as possible and includes actual first and last names, rather than nicknames or surnames of the person(s) involved.

List the names of ALL person(s) involved:

_____

On (date) _____ in/at (location) _____,
I _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Above statement written by:

_____ _____ _____
Name (print & sign) Position Date

☐ Individual refuses to provide written statement
☐ Individual transported by PPD prior to providing a written statement

_____ _____ _____
Name Position Date

FOR USE OF REVIEW BY SCHOOL OFFICE PERSONNEL ONLY

DC Number _____

Serious Incident Control Number _____

OSR-5 (Rev.8/2013)