

## REPORT OF SUSPECTED MALPRACTICE OR MALADMINISTRATION SMM/F1

### Confidential

*This form is to be used to report suspected or actual instances of Malpractice or Maladministration and must be used in accordance with LAMDA Examinations Malpractice and Maladministration Policy.*

Please complete Section A and Section C if you are a Registered Centre reporting an incident of suspected/actual Malpractice or Maladministration

Please complete Section B and Section C if you are an individual reporting an incident of suspected/actual Malpractice or Maladministration.

### Section A: Registered Centre Details

To be completed by Registered Centres reporting an incident of suspected or actual Malpractice/Maladministration

#### 1. Centre Details

Centre Code	
Centre Name	
Centre Address	
Centre Contact e-mail	
Head of Centre name and contact details	
Centre Co-ordinator name and contact details	

#### 2. Learner Details

Please identify any learners affected by the suspected or actual Malpractice/ Maladministration.

Learner(s) Pin Number	Learner(s) Given Name

#### 3. Examination/Qualification/Unit Details

Please identify the Examination/qualification/unit affected by the suspected or actual Malpractice/ Maladministration

Title/name of the examination/qualification/unit affected	
---	--

**4. Details of Witness(es)**

Witness(es) Name	Position/Role in Centre

**Section B: Individual Details**

To be completed by individuals reporting an incident of suspected or actual Malpractice/Maladministration.

**1. Individual Contact Details**

Name	
Address	
Telephone	
Mobile	
E-mail	

**2. Learner Details**

Please identify any learners affected by the suspected or actual Malpractice/ Maladministration.

Learner(s) Pin Number	Learner(s) Given Name

**3. Examination/Qualification/Unit Details**

Please identify the Examination/qualification/unit affected by the suspected or actual Malpractice/ Maladministration

Title/name of the examination/qualification/unit affected	
---	--

#### 4. Details of Witness(es)

Witness(es) Name	Position/Role in Centre

#### Section C:

To be completed by all reporting an incident of suspected or actual Malpractice/Maladministration.

#### 1. Date(s) of when the Suspected/Actual Malpractice/Maladministration occurred

Date(s):

#### 2. Details of Actual/Suspected Malpractice/Maladministration

Describe the full nature of the suspected or actual Malpractice/Maladministration including details as to how it was discovered, by whom and when and any actions taken..

(Please continue on a separate sheet if necessary).

--

**3. Suspected/Actual Plagiarism**

If the case involves plagiarism please provide full details (i.e. title, author, edition, website, etc.) of the material plagiarised and include copies if possible.

--

**4. Other Information**

If there are any other details you feel are relevant to this allegation including mitigating circumstances, please give further information in the space provided below.

--

Supplementary evidence/materials/witness statements/other relevant information should be submitted the same time as the report. Evidence submitted subsequently may not be considered.

**Print name and provide signature for Individual/Centre Representative reporting incidence of Malpractice/Maladministration**

<b>Print name</b>	
<b>Signature</b>	

<b>Date Signed</b>	
--------------------	--