



Suspected centre staff malpractice report

After you have reported an instance of suspected centre staff malpractice using Exam day – Form 9a, this form is to be used by the Head of Centre to provide details of the information that has been gathered.

The Head of Centre must complete each field in this form and make sure the information is accurate before signing and sending it to info@cambridgeinternational.org. Do not send this form back in the script packet or with the coursework sample.

Centre number **Centre name**

Exam Series

Syllabus code **Component code**

Date and time of incident
(DD/MM/YY HH:MM)

Date and time incident reported to Head of Centre
(DD/MM/YY HH:MM)

Name(s) of centre staff involved:

Name	Role at centre

Date this incident was initially reported to Cambridge International on the relevant Malpractice Form 9a
(DD/MM/YY)

As stated in section 5.6.5 of the *Cambridge Handbook*, the Head of Centre must make any individual accused of malpractice aware, preferably in writing, of the suspected malpractice and possible consequences at the earliest opportunity. Any individual accused of malpractice must also:

- be made aware of the nature of the suspected malpractice
- be given the opportunity to submit a written statement
- be informed of our appeals procedure.

Please tick this box to confirm that any individuals accused of malpractice have been made aware of the information in section 5.6.5 of the *Cambridge Handbook*

Name(s) of centre staff who conducted the investigation:

Name	Role at centre

Please provide details of the investigation that has been overseen by the Head of Centre including what evidence has been gathered, when the evidence was obtained and the findings following the investigation.

Please list the evidence you are submitting with this form. This might include statements from the Head of Centre or teachers/invigilators and other evidence as detailed in section 5.6.3 (b) of the *Cambridge Handbook*.

The Head of Centre must sign to confirm that they have completed and understood this form and that they have checked to make sure it is accurate.

Head of Centre name

Date

(DD/MM/YY)

Returning this form

Return this form to info@cambridgeinternational.org. Please include your centre number and 'Form 9b - Centre Staff Malpractice Report' in the email subject line. Save a copy for your own records. If you are an Associate Centre and work with us through a Cambridge Associate please submit this form directly to them.