

CONFIDENTIAL

Suspected centre staff malpractice report

After you have reported an instance of suspected centre staff malpractice using **Exam day – Form 9a**, this form should be used by the Head of Centre to tell us about the information you have gathered.

Read section 5.6 of the Cambridge Handbook before you complete this form.

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 of centre staff involved	Role at centre

Date you reported the incident to us using Form 9a (DD/MM/YY)	
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As stated in section 5.6.5 of the Cambridge Handbook, the Head of Centre must tell any individual accused of malpractice, preferably in writing, about the suspected malpractice and possible consequences as soon as possible. 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.

Tick this box to confirm that you have told any individuals accused of malpractice about the information in section 5.6.5 of the Cambridge Handbook.

Details of your investigation

Name of centre staff who conducted the investigation	Role at centre

Tell us about how the Head of Centre investigated this suspected malpractice, including what evidence you have gathered, when you gathered it, and the outcome of the investigation.

List the evidence you are submitting with this form. This might include statements from the Head of Centre or teachers/invigilators and other evidence (see section 5.6.3 (b) of the Cambridge Handbook for examples).

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

Signed (Head of Centre)	<input type="text"/>	Date (DD/MM/YY)	<input type="text"/>
Name	<input type="text"/>		

If you submit this form electronically, tick the check box as an alternative to signing the form.

Returning this form

Return this form to info@cambridgeinternational.org. Include your centre number and 'Exam Day: Form 9b Suspected centre staff malpractice report' in the email subject line. Save a copy of the form 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.

This is an interactive PDF. To complete it on screen we recommend you use Adobe Reader 9 or later or Adobe Acrobat. If you use a lower version of Adobe Reader your data will not be saved. You can download Adobe Reader for free at <http://www.adobe.com/products/reader.html>