

CIPD Report form - Malpractice/maladministration

(RMM)

Please read CIPD's Malpractice and Maladministration Policy before completing this report form.

All sections of this form must be completed by the person making the report.

Section 1 - About you			
Name			
Address			
Postcode		Post	<input type="checkbox"/>
Daytime phone	<input type="checkbox"/>	Mobile	<input type="checkbox"/>
Home phone	<input type="checkbox"/>	Email	<input type="checkbox"/>
Please indicate your preferred method of communication by checking the relevant box.			

Sections 2 - What kind of malpractice/maladministration are you reporting?	
Centre malpractice/maladministration	Candidate malpractice/maladministration
Insecure storage of assessment instrument / marking guidance <input type="checkbox"/>	Plagiarism <input type="checkbox"/>
Misuse of assessments (e.g. inappropriate adjustments to assessment decisions) <input type="checkbox"/>	Collusion <input type="checkbox"/>
Inaccurate/insecure retention of candidate evidence, assessment and IV records <input type="checkbox"/>	Copying <input type="checkbox"/>
Inaccurate/insecure management and transfer of candidate data <input type="checkbox"/>	Cheating <input type="checkbox"/>
Excessive direction from assessors to candidates on how to meet assessment standards <input type="checkbox"/>	Personation <input type="checkbox"/>
Deliberate falsification of records in order to claim certificates <input type="checkbox"/>	Inclusion of inappropriate material in assessment evidence, including material of a discriminatory nature <input type="checkbox"/>
Other (please specify) <input type="checkbox"/>	Inappropriate behaviour during internal/external assessment that causes disruption to others <input type="checkbox"/>
	Use of unauthorised aids during assessment/examination <input type="checkbox"/>
	Other (please specify) <input type="checkbox"/>
What qualification is effected and when did the alleged malpractice/maladministration occur or come to your attention?	

Section 3 - The identity of the organisation or the individual this report relates to	
Name of centre and/or individual member(s) of staff or candidate(s)	
Their address (if known)	
Their job (if applicable)	
Name of employer (if known)	
Their contact details	
Their connection (if any) with you	

Please use this section to tell us as much as you can

Please set out clearly the nature of the alleged malpractice/maladministration explaining, with evidence, where there is a breach/irregularities (and the implications).

Section 4 - Evidence of malpractice/maladministration

Please list all documentation you are sending in support of your report. Send only electronic documents that are directly relevant to the alleged malpractice/maladministration. Clearly mark or cross-reference the relevant parts, ensuring that third party information is redacted

What are your reasons for making this report?

Are there any witnesses who can give evidence to corroborate your report? If yes please list who these persons are, their contact details and what corroborating evidence they may be able to provide.

Do you consent to CIPD contacting these witnesses, should we deem it necessary?

Yes

No

If you have the authority to do so, do you authorise the witnesses to provide the CIPD with any relevant documentation (subject to their own internal processes and, if necessary, redaction)?

Yes

No

Section 5 - Additional pertinent information

Please indicate the date on which you last had contact with the party concerned	
Have you reported the alleged malpractice/maladministration to any other authority, body or party?	
If yes then please give details, including to whom, the date you made the report and if you have received an outcome (please include any reference numbers where applicable)	
Have you, or do you, intend to raise any other proceedings in relation to this report?	
If yes please provide further details	

Section 6 - Declaration

Do you consent to the information and supporting evidence you have provided in respect of your allegation of malpractice/maladministration to being copied to the other party or parties concerned and, if taken forward, to the investigators and subsequent decision review panel.

Yes
No

I would like the CIPD to consider this report of alleged malpractice/maladministration. I understand that:

- CIPD will consider this report in accordance with its malpractice/maladministration policy, sanctions policy and, if necessary, its disciplinary procedures
- I will be contacted by the CIPD to discuss my report and possibly be interviewed at a later date
- CIPD will seek my permission before using my name in the course of any investigation and if I do not give permission, CIPD will strive to preserve my anonymity
- CIPD will need to process personal information about me, which could include sensitive personal information, to deal effectively with the allegations raised in my report
- whilst I may withdraw the allegation at any time; if CIPD has begun an investigation it may choose to proceed
- if CIPD takes the case forward it will choose whether to call me as a witness

- if the CIPD chooses to publish details of the case it will keep my personal information confidential.

I confirm that:

- the information provided is true and accurate to the best of my knowledge
- I am not bound by a confidentiality clause in a compromise agreement in respect of any aspect of my report.

I understand that it is in the interests of all parties to ensure that no disclosures are made to any other party that could jeopardise the ability of the CIPD to investigate the alleged malpractice/maladministration and to reach an informed and unbiased conclusion on the basis of the evidence.

Your name:			
Signature:		Date:	

Please email this completed form and attachments to - qa@cipd.co.uk

For office use only
