

Please complete this form using BLOCK CAPITALS

Introduction

Use this form to report any actual or suspected Malpractice or Maladministration by a Qualsafe Awards (QA) Centre or Learner. Before completing this report form, please read the QA Malpractice and Maladministration Policy, available from our Customer Portal and the QA website.

Once completed, sign and forward the form and any supporting evidence:

- Email: malpractice@qualsafeawards.org (you will receive an auto-acknowledgement)

We will keep your identity in the strictest confidence, however, we may need to contact you during the course of any investigations. Please provide the appropriate contact details below.

Centre Details

Centre Name: _____ Centre Number: _____

Centre Address: _____

Postcode: _____

Qualification Title: _____

Details of Occurrence

Date of Occurrence: _____

Please give specific details of the actual or suspected occurrence of malpractice or maladministration you are reporting and list the supporting documents you will be sending with this form. (Continue on a separate sheet if needed):

Also include (if possible):

- The names and job titles (if applicable) of Trainers/Assessors/IQAs/Centre staff involved
- The names (if known) of anyone else that may be affected by the occurrence being reported

Supporting documentation attached? Yes No

Your Details

Are you a: Centre Employee Learner Trainer Assessor IQA Other

Please specify: _____

Name: _____

Contact telephone number: _____ Email: _____

Signed: _____ Date: _____

Qualsafe Awards Use Only

Date form received: _____ Date logged: _____

Escalation necessary? Yes No Signed (QA): _____

Date escalated: _____ Date: _____