This form should be completed as soon as an alleged (suspected) or actual case of malpractice or maladministration has been identified.

Please complete the form as fully as possible and return by email to:

**Email:** compliance@asdan.org.uk

**Post:** Compliance Manager - Confidential, ASDAN, Wainbrook House,

 Hudds Vale Road, St George, Bristol BS5 7HY

If you have any questions about completing this form, please contact our Compliance Manager, on 0117 954 3950

* We will acknowledge receipt of your form within 5 working days and, if necessary, undertake a preliminary investigation within 10 working days.
* We will let you know the result within 5 working days of the investigation taking place.
* If we need to investigate further, we will let you know the outcome within 30 working days.

**Contact Details**

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| Centre Name:       | Registered Centre Number:        |
| Your name:       | Your job title:        |
| What is your connection with the centre/centre staff member/candidate?      |
| Your Email address:       | Your phone number:       |

Please indicate whether you wish to remain anonymous throughout the process: Yes [ ]  No [ ]

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| If a **staff member or members** at an ASDAN registered centre is/are involved in the alleged or actual malpractice or maladministration, please complete the following details:Person or persons’ name/s:       |
| Person or persons’ role/s at the centre:      |

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| If a **candidate or candidates** at an ASDAN registered centre is/are involved in the alleged or actual malpractice or maladministration, please complete the following details: |
| Candidate or candidates’ name/s (please list all):      | Candidate or candidates’ ASDAN registration number/s, if any (please list all):       |
| Which ASDAN qualification/s is/are affected?      |
| When did the alleged or actual malpractice or maladministration occur?       |

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| **Details of the alleged or actual malpractice or maladministration.***Describe the full nature of the alleged or actual malpractice or maladministration, in order to help us to carry out appropriate investigations.* *Include any mitigating circumstances, and any evidence arising from internal investigations carried out by the centre or yourself, relating to the issue.**Use additional sheets and attach any supporting documentation, as necessary.*      |

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| **Declaration**“I understand that ASDAN will retain and process electronically the information given in and with this report, and may use it for any purpose deemed relevant to this enquiry” |
| Signed:        |
| Name *(please print)*:       |
| Date:       |

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| **For Office Use:** |
| **Status** |  | **Reason**  |   |
| **Approved / Not approved:** |  | **Date**  |  |
| **QA Manager**  |  |