

| This form must be completed by any CMI Centre, CMI member of staff or contractor or CMI-registered Learner when reporting an incident to CMI.

| Centre Name |  |
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| Centre Number |  |
| Contact Name **(person reporting suspected malpractice or maladministration)** |  |
| Contact address, phone number and email |  |
| Is anonymity required? |  |

Please give the nature of the incident, date(s) of the incident and the names of those involved

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Describe the actions taken by the Centre (if any).

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If there are any other details you feel are relevant to this incident (including mitigating circumstances), please give further information below.

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Please describe in detail the actions that will be taken to prevent further similar incidents occurring (where relevant).

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| Name: | Signature: | Date: |
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