







EXAM Incident Report Form

This form must be used to report all incidents that occurred before, during and after the examination. If possible, the report should be completed within no less than 24 hours of the incident.

Report Author Information					
Report Date:					
Report Time:					
Report Author:					
Contact Number & email:					
Job Position:					
Type of Incident:	☐ Possible Gross Misconduct? (e.g. colluding and or cheating in exams etc.)	☐Possible failure to adhere to exam rules and regulations?			
	☐Possible continuous disturbance?	□Possible harmful behavior?			
	□Other (clearly describe the incide	nt)			
Witness Information					
Were there witnesses to the incident?	□Yes	□No			
If Yes, enter the witnesses name and contact number:					

Incident Information							
Incident Date:							
Incident Time:							
No. of Persons Involved:	□1	□2	□3	□4	□5	□6	□7 +
Name(s) of Person(s) Involved:							
Details of Incident:							
Location of Incident:							
Evidence found: (provide full details)							

Other Information				
Name of Exam & Programme:				
Was any attempt made to correct or resolve the issue?	□Yes	□No		
If Yes, provide full details on any attempt that was made: (provide full details)				
Persons involved were informed of this Incident report:	□Yes	□No		
If Yes, how were the people involved informed:	□Verbally	□Written		
	□Email	☐Other (explain)		
Did the person(s) involved in the incident respond or give a comment? (provide full details (name etc.) or a recording of what each person said)				
Incident was reported to: (provide job position and full name)				
Additional Comments / Notes:				