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**Allegations of malpractice or maladministration Report Form**

For the Attention of the Chief Compliance Officer NISQ

* name of person reporting incident Email Yes/No In Person Yes/No Telephone Yes/No
* Unique Learner Identification number (where relevant) …………………..
* Details of the NISQ Regulated Qualification affected or nature of the service affected.
* Nature of the suspected or actual malpractice and associated dates.
* Details and outcome of any initial investigation carried out by NISQ Approved Centre/NISQ or
* anybody else involved in the case, including any mitigating circumstances.
* For Entry to the NISQ 59 Malpractice and Maladministration Register

Signed …………………. Date …………. Report By ………………. Date………….

Chief Compliance Officer NISQ Anonymous Yes/No

*Place Details into the NISQ 58 The Malpractice and Maladministration Register*