

| Misconduct Report Form (Confidentia | | | | |
|-------------------------------------|---|--|--|--|
| Name | Student ID | | | |
| Unit | Location | | | |
| Task | Semester | | | |
| Details of Charge | Please attach a separate page if more space is needed | | | |

Please provide documents to support this charge, including (but not limited to) Turnitin Reports, documents containing evidence, photographs, statements from other students, or other forms of material that may be regarded as evidence.

Reporter/s Details

| Name | Signature | | | | | | |
|---|-------------------------------|-------------|------------|----------|---------------------|------------|--------|
| Role | Date | | | | | | |
| SEND TO - health.appeals@federation.edu.au or IISS.Appeals@federation.edu.au or educationarts.appeals@federation.edu.au | | | | | | | |
| Admin Use Only | | | | | | | |
| Is the Student Interr | ational? | Yes | No | Does the | student have a LAP? | Yes | No |
| Charge Type Severity Level | | | | | | | |
| Integrity Breach History Checked with Central Records / Institute Number of Previous UPHELD Cha | | ELD Charges | | | | | |
| Yes No | | | | | | | |
| Any charges this SAME semester (provide details) | | | | | | | |
| | | | | | | | |
| Does This Require Escalation to Student Misconduct Committee (for third or subsequent breaches and/or breaches that carry a potential exclusion penalty)? | | | | | | | |
| Appeal Received? | Yes | No | Hearing da | te | | | |
| - | Charge | abald | | | Charge Net Dreven | | |
| Outcome Processing | Charge U | | | | Charge Not Proven | | |
| | Penalty Recorded in fdlgrades | | | S | Outcome lette | r sent | |
| | C |)utcome le | tter Sent | | Archive file for | designated | t time |

| Central Records Information | Please record misconduct as: | First incident of misconduct |
|--------------------------------|------------------------------|-------------------------------|
| | | Second incident of misconduct |
| | | Third incident of misconduct |

File sent to Central Records



| Misconduct Outcome | | | | | |
|--|---|--|--|--|--|
| Name | Student ID | | | | |
| Unit | Location | | | | |
| Task | Semester | | | | |
| Below to be completed by the Executive Dean, Academic Integrity Officer or Nominee | | | | | |
| Charge of Misconduct Not Proven | Charge of Misconduct Upheld | | | | |
| Penalty (Only required if Charge Upheld) | | | | | |
| Zero Marks for assessment | Behavioural Agreement - provide details | | | | |
| FAIL Unit | FAIL Unit and Exclusion from Course | | | | |
| Resubmit –provide details below | Without Assessment Penalty | | | | |
| Partial Marks – provide details below | Refer to Student Misconduct Committee | | | | |
| Comments and justification for outcome | Other - Provide details | | | | |

Education Provided (details)

Executive Dean / Academic Integrity Officer / NomineeSignatureNameSignatureDateCurriculum Support Officer / Administrative NomineeNameSignatureDateSignature