University of Toronto Scarborough  
EXAM INCIDENT REPORT  
To be used to report ALL instances of cheating, suspected cheating, and personation. Submit, along with any confiscated materials/items, to your Departmental Office at the conclusion of the exam.

DATE: ____________________________  TIME: ____________________________

LOCATION: ____________________________________________________________

EXAM: ____________________________  INSTRUCTOR: ________________________

REPORT OF PRIMARY WITNESS (Please include ALL the following information):

OVERVIEW REPORT (Please complete all the appropriate lines)

Student name: _________________________________________________________

Student #: _______________________________________________________________________

Time behaviour first observed: _______________________________________________

Subsequent times observed: _________________________________________________

Page#/question student working on at time of observation: _______________________

Time students were separated (if applicable): _________________________________

Location of student/s (draw, and attach, a diagram if necessary): ________________

Unauthorized aids confiscated:

☐ Notes (for notes written on a body part – photograph, or transcribe below)

☐ Electronic device seen in use (Note: to report the possession of an electronic device where there is no evidence the device was in use, complete the “Acknowledgement of Possession of Unauthorized Electronic Device” form.):
  o Type (e.g. smartphone, calculator): __________________________________
  o Model # (if applicable): _____________________________________________

☐ Other (describe): _________________________________________________________
DETAILED REPORT
(Please provide as much detail as possible about the incident, observed behaviour of the student/s, steps taken to stop behaviour, details of discussion with student if any. If more than one student involved, please provide seating diagram).

Report completed by (Full name - please print): ____________________________________________

_________________________________________ Your cellphone # (____)-____________________

Signature

Position: ☐ Instructor ☐ TA Email: ______________________________

(If you need more space, continue on a blank piece of paper and be sure to attach it to this sheet.)

NAMES OF ANY OTHER INVIGILATORS WHO WITNESSED INCIDENT (please print)

1) Full name (print): Title: (Instructor, TA, etc.)
2) Full name (print): Title: (Instructor, TA, etc.)
3) Full name (print): Title: (Instructor, TA, etc.)
4) Full name (print): Title: (Instructor, TA, etc.)
5) Full name (print): Title: (Instructor, TA, etc.)
6) Full name (print): Title: (Instructor, TA, etc.)
7) Full name (print): Title: (Instructor, TA, etc.)