



DETAILS OF AFFECTED PARTIES	
Name:	
Contact phone:	
Address:	
Name:	
Contact phone:	
Address:	
Name:	
Contact phone:	
Address:	

OTHER INFORMATION	
Name(s) of any witnesses:	
Contact details of witnesses:	
Have you been contacted by the ACCC in relation to this incident?	If yes, please provide contact details.
	If no, do you believe it will be reported to the ACCC by the affected parties? <span style="float: right;">Yes / No</span>
Have you obtained legal advice in relation to this matter from the University's Legal Officer?	Yes / No

**Employee to sign:**

Name:	Contact Phone Number:
Signed:	Date:

**Supervisor/Manager to sign:**

Name:	Contact Phone Number:
Signed:	Date:

ON COMPLETION OF SECTION 1
<input type="checkbox"/> If you have been contacted by the ACCC in relation to this matter you must <b>immediately</b> advise the Executive Director: Finance and Resources and the University's Legal Officer.
<input type="checkbox"/> Ensure you have completed Section 1 in full. Incomplete forms WILL be returned to the relevant person.
<input type="checkbox"/> Send a copy of <b>Section 1</b> of this form to the University's Legal Officer.
<input type="checkbox"/> Send a copy of <b>Section 1</b> of this form to your Pro Vice Chancellor/Executive Director.
<input type="checkbox"/> Supervisor to complete Section 2: Investigation and Proposal for Rectification



TPA INCIDENT REPORT

SECTION 2 – INVESTIGATION AND PROPOSAL FOR RECTIFICATION

Before completing the remainder of this report please ensure that you have sent a copy of "Section 1 – Incident" to the University's Legal Officer and to your PVC/ED.

INVESTIGATION: Is the responsibility of the Supervisor/Line Manager, and is to be completed in consultation with all other relevant parties.

Please describe the events and contributing factors that led to the incident occurring:

Multiple horizontal lines for text entry.

Did any of the following factors contribute to the incident?

- Checkboxes for factors: No written procedure(s), No training provided, Lack of supervision, Incorrect procedure(s) used, Inadequate training provided, Possible lack of attention, Outdated procedure(s), Needs on-going training, Excessive workload.



**Supervisor/Manager to sign:**

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PVC/ED to sign:**

I (name) \_\_\_\_\_ approve the recommended course(s) of action as outlined above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Legal Officer to approve:**

I (name) \_\_\_\_\_ have reviewed the recommended course(s) of action outlined above and deem it to be appropriate for this particular incident.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**ON COMPLETION OF SECTION 2**

- If you have been contacted by the ACCC in relation to this matter you must **immediately** advise the Executive Director: Finance and Resources and the University's Legal Officer.
- Ensure you have completed Section 2 in full. Incomplete forms WILL be returned to the relevant person.
- Obtain approval for the proposed action from your Pro Vice Chancellor/Executive Director.
- Obtain approval for the proposed action from the University's Legal Officer
- Supervisor to complete Section 3: Rectification Action Taken



- Change in induction program
- Change in on-going training
- Change to work procedure
- Change to work environment

- Other job redesign (provide details above)
- Other preventative action (provide details above)
- No change taken
- Actual cost: \$\_\_\_\_\_

**Supervisor/Manager to sign:**

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PVC/ED to sign:**

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

ON COMPLETION OF SECTION 3	
<input type="checkbox"/>	If you have been contacted by the ACCC in relation to this matter you must <b>immediately</b> advise the Executive Director: Finance and Resources and the University's Legal Officer.
<input type="checkbox"/>	Ensure you have completed Sections 1, 2 and 3 of this form in full. Incomplete forms WILL be returned to the relevant person.
<input type="checkbox"/>	Send the original of this form (Sections 1, 2 and 3) to your Pro Vice Chancellor/Executive Director.
<input type="checkbox"/>	Send a copy of this form (Sections 1, 2 and 3) to the University's Legal Officer.
<input type="checkbox"/>	Keep a copy of this form (Sections 1, 2 and 3) for your records.