

## DOCUMENT CONTROL SHEET

Contact for enquiries and proposed changes

If you have any questions regarding this document contact:

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Located at: [S:\FIN\COMMERCIAL SUPPORT\CCA\2016\20160602 CCA  
Incident Report Template.pdf](S:\FIN\COMMERCIAL SUPPORT\CCA\2016\20160602 CCA Incident Report Template.pdf)

Web address of document:

### Revision History

Revision	Section	Change	Date	Who
1.0	All	Initial version.	01/04/2012	
1.1	All	Update CFO's title from COO.	02/06/2016	Chiara Festa

**UNIVERSITY OF SOUTH AUSTRALIA**  
**COMPETITION AND CONSUMER ACT INCIDENT REPORT**  
**SECTION ONE - INCIDENT**

**Before completing this report, please contact the University’s Legal Advisor for assistance and advice.**

DETAILS OF PERSON COMPLETING INCIDENT REPORT	
<b>Name:</b>	
<b>Contact Telephone Number:</b>	
<b>Division/Portfolio:</b>	
<b>School/Unit/Institute:</b>	
<b>Campus:</b>	
<b>Immediate Supervisor’s Name:</b>	
<b>Immediate Supervisor’s Contact Telephone Number:</b>	
<b>Date Incident Reported to Supervisor:</b>	

<b>Has there been a possible breach of the Competition and Consumer Act (CCA)?</b>		Yes / No
<b>Section(s) of the CCA that may have been breached as a result of this incident:</b> (refer to CCA Compliance Manual for definitions).		
<p><b>RESTRICTIVE TRADE PRACTICES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Price fixing</li> <li><input type="checkbox"/> Resale price maintenance</li> <li><input type="checkbox"/> Forcing another’s products (or ‘third line forcing’)</li> <li><input type="checkbox"/> Exclusionary provisions (or primary boycotts – including market sharing)</li> <li><input type="checkbox"/> Misuse of market power</li> <li><input type="checkbox"/> Exclusive dealing</li> <li><input type="checkbox"/> Anti-competitive agreements</li> <li><input type="checkbox"/> Mergers</li> <li><input type="checkbox"/> Secondary boycotts</li> </ul>	<p><b>UNCONSCIONABLE CONDUCT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Commercial dealings</li> <li><input type="checkbox"/> Consumer transactions</li> <li><input type="checkbox"/> Unconscionable conduct – Business Transactions</li> </ul> <p><b>CONSUMER PROTECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Misleading or deceptive conduct</li> <li><input type="checkbox"/> False or misleading representations</li> <li><input type="checkbox"/> Advertising practices</li> <li><input type="checkbox"/> Misleading conduct in relation to employment</li> <li><input type="checkbox"/> Referral selling</li> <li><input type="checkbox"/> Harassment or coercion</li> </ul>	



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 Advisor? Yes / No	

**EMPLOYEE TO SIGN:**

Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

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

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

**SUPERVISOR / MANAGER TO SIGN:**

Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

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

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

**ON COMPLETION OF SECTION ONE:**

- If you have been contacted by the ACCC in relation to this matter you must **immediately** advise the Chief Financial Officer and the University's Legal Advisor.
- Ensure that you have completed **Section One** in full. Incomplete forms will be returned to the relevant person.
- Send a copy of **Section One** of this form to the University's Legal Advisor.
- Send a copy of **Section One** of this form to your Pro Vice Chancellor and the Chief Financial Officer.
- Supervisor is to complete **Section Two: Investigation and Proposal for Rectification**.

**UNIVERSITY OF SOUTH AUSTRALIA**  
**COMPETITION AND CONSUMER ACT INCIDENT REPORT**  
**SECTION TWO – INVESTIGATION AND PROPOSAL FOR**  
**RECTIFICATION**

Before completing the remainder of this report, please ensure that you have sent a copy of ‘Section One – Incident’ to the University’s Legal Advisor and to your PVC and the Chief Financial Officer.

**INVESTIGATION: This 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:

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Did any of the following factors contribute to the incident:

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| <input type="checkbox"/> No written procedure(s)     | <input type="checkbox"/> No training provided         |
| <input type="checkbox"/> Incorrect procedure(s) used | <input type="checkbox"/> Lack of supervision          |
| <input type="checkbox"/> Out-dated procedure         | <input type="checkbox"/> Inadequate training provided |
| <input type="checkbox"/> Possible lack of attention  | <input type="checkbox"/> Excessive workload           |
| <input type="checkbox"/> Needs on-going training     |   |



**RISK CONTROL:** Supervisor/Line Manager should complete in consultation with their PVC, the Chief Financial Officer, the University’s Legal Advisor and the reporting employee.

**What measures have been, or will be, put in place to ensure a similar incident does not happen again?**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Change in induction program</li> <li><input type="checkbox"/> Change in on-going training</li> <li><input type="checkbox"/> Change to work procedure</li> <li><input type="checkbox"/> Change to work environment</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Other job redesign (provide details above)</li> <li><input type="checkbox"/> Other preventative actions (provide details above)</li> <li><input type="checkbox"/> No change proposed</li> <li><input type="checkbox"/> Estimated Cost: \$</li> </ul> |
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**SUPERVISOR/MANAGER TO SIGN:**

**Name:** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PVC OR CHIEF FINANCIAL OFFICER TO SIGN:**

Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

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

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

**UNIVERSITY LEGAL ADVISOR 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 TWO:**

- If you have been contacted by the ACCC in relation to this matter you must **immediately** advise the Chief Financial Officer and the University's Legal Advisor.
- Ensure that you have completed **Section Two** in full. Incomplete forms will be returned to the relevant person.
- Obtain approval for the proposed action from your Pro Vice Chancellor and the Chief Financial Officer.
- Obtain approval for the proposed action from the University's Legal Advisor.
- Supervisor is to complete **Section Three: Rectification Action Taken**.



**UNIVERSITY OF SOUTH AUSTRALIA**  
**COMPETITION AND CONSUMER ACT INCIDENT REPORT**  
**SECTION THREE – RECTIFICATION ACTION TAKEN**

- **Rectification Action must be taken within 60 days of the date of the incident occurring.**
- **If this issue has not been resolved, Section Three takes the form of a progress report.**
- **Section Three must be completed again once the issue has been resolved in full.**

This issue has been resolved in full.

This is a progress report. It has been ..... days/months since the incident occurred and the issue has not yet been resolved in full.

**ACTION TAKEN: The Supervisor/Line Manager is responsible and accountable for ensuring that the appropriate action has been taken to minimise or eliminate the possible risk of re-occurrence.**

**The following actions were taken to rectify this situation (include costs) with the following result/outcome:**

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**RISK CONTROL:** The Supervisor/Line Manager should complete in consultation with their PVC, the Chief Financial Officer, the University’s Legal Advisor and the reporting employee.

The following actions were taken to reduce/eliminate the risk of a similar incident happening again:

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- 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 actions (provide details above)
- No change taken
- Actual Cost: \$

**SUPERVISOR/MANAGER TO SIGN:**

Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

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

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

**PVC OR CHIEF FINANCIAL OFFICER TO SIGN:**

Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

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

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

**ON COMPLETION OF SECTION THREE:**

- If you have been contacted by the ACCC in relation to this matter you must **immediately** advise the Chief Financial Officer and the University's Legal Advisor.
- Ensure that you have completed **Sections 1, 2 and 3** of this form in full. Incomplete forms will be returned to the relevant person.
- Send the original of this form (**Sections 1, 2 and 3**) to your PVC and the Chief Financial Officer.
- Send a copy of this form (**Sections 1, 2 and 3**) to the University's Legal Advisor.
- Keep a copy of this form (**Sections 1, 2 and 3**) for your own records.