**Part A: To be completed by person who identified the breach**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position: |  |
| Date breach occurred: |  | Date breach identified: |  |
| Name of Manager: |  | Date Manager notified: |  |
| Description of the breach: |
|  |

**Part B: To be completed by the Manager**

|  |  |  |  |
| --- | --- | --- | --- |
| Manager name: |  | Position: |  |
| Impacted legislation/s: |  |
| Review Part A and advise if you have any additional information about the circumstances of the breach? | [ ]  No[ ]  Yes, please provide update below |
| Additional information: |
|  |
| Details of any actions your area has taken to investigate the breach or any remediation activities undertaken to ensure the breach is managed in a compliant manner: |
|  |

**Once completed please forward to the relevant Responsible Officer, refer to the** [**Responsible Officer Register**](https://intranet.latrobe.edu.au/know-our-organisation/risk-and-internal-auditing/compliance/ro-framework) **for details.**

**Part C: To be completed by the Responsible Officer (RO)**

*(Senior Executive Group member may need to be notified of the breach. For assistance with completion of this section, please contact the Risk Management Office on compliance@latrobe.edu.au)*

|  |  |  |  |
| --- | --- | --- | --- |
| RO name: |  | Position: |  |
| Confirmation of impacted legislation/s: |  |
| Root cause: |  |
| Confirmation of actual breach, if different from Part A or Part B: |
|  |
| **ASSESSMENT** |
| Is there more than one person affected (staff or students)?  | [ ]  No [ ]  Yes, provide details below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did the event result in harm/or an immediate substantial threat to personal safety/wellbeing?  | [ ]  No [ ]  Yes, provide details below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is there risk of litigation, severe penalties or regulatory intervention for the University or its officers?  | [ ]  No [ ]  Yes, provide details below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is there a risk of financial loss or identity theft? | [ ]  No [ ]  Yes, provide details below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is brand or reputation damage likely to occur? | [ ]  No [ ]  Yes, provide details below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **EXTERNAL REPORTING OBLIGATIONS** |
| Are there any external reporting obligations?*(Refer to the Mandatory Reporting Matrix for requirements and the regulatory liaison details)* | [ ]  No, this is not an externally reportable breach[ ]  Yes, this is an externally reportable breach– **COMPLETE BELOW** |
| Regulatory body requiring notification: | Regulatory body name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date notification made: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_Name of the notifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **REMEDIATION AND MITIGATION PLAN*****Please note:*** *The remediation plan needs to manage the instance and reinstate compliance and also identify actions to be implemented in the short, ,medium or long term that will mitigate risk of reoccurrence.* |
| --- |
| Corrective / mitigation actions *(Please list)*  | Responsible Person & Department | Deliverable Date | Status  |
|  |  |  |  |
|  |  |  |  |
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**Once completed please provide to the Risk Management Office via** **Compliance@Latrobe.edu.au****.**

