Incident and Risk Report Form

About the Incident and Risk Report Form

This form is used to report and evaluate incidents or risks that occur within the RTO's operations. It supports proactive risk management, organisational learning, and continuous improvement, in accordance with **Outcome Standard 4 – Governance and Administration** and the Elan College's **Risk Management Policy**.

When to Complete This Form

- Immediately following any incident (e.g., injury, data breach, system failure, misconduct)
- When a potential risk is identified that could affect compliance, safety, or operations
- As part of the Elan College's critical incident or feedback escalation procedure

Instructions for Completing the Form

Section	Instructions
Incident/Risk Name	Provide b short, clear title (e.g., "Student IT Breach – May 2025")
Date of Report	Enter the date the form is being completed
Location	Indicate where the incident occurred (physical or virtual)
Team Leader	Name the person responsible for managing the incident
Reported By / Reported To	List the staff involved in reporting
Description of Incident/Risk	Describe what occurred clearly and objectively
Immediate Action Taken	Document what was done immediately to respond
Main Trigger and Preventive Steps	Identify the root cause and how future incidents can be prevented
Resources Needed	Note tools, systems, training or support required
Improvements Needed	Suggest process or system changes that would reduce risk or response time
Completed By	Sign, date and provide your name/title

Incident and Risk Report Form

Incident/Risk name:		**Date of Report:**	
Location of incident/Risk:		**Critical incident/Risk team leader:**	
Incident/Risk Reported By		**Incident/Risk Reported To**	
Brief description of incident/Risk that occurred:			

What was the immediate action taken to address the incident
What was the main trigger for the incident, list the steps that could be taken to avoid the incident
List the resources needed to avoid the recurrence of the incident again
Improvements needed in the processes to avoid such incidents and address the response rate towards such incidents

Report completed by			
Name & Title:			
Signature:		Date:	

ADMIN ONLY			
Improvements suggested?	☐/ NA	Date	Initial:
If yes:			
Added to Feedback Register?	☐ / NA	Date	Initial:

Incident and Risk Report Form

Added to Management Meeting Agenda?	☐ / NA	Date	Initial:

Retention & Compliance Tip:

- File this report in your **Incident and Risk Register**
- Review trends during quarterly governance meetings
- Use this form to inform updates to your Risk Register and Policies

Please handover this form at reception desk of ELAN COLLEGE Suite 2, Level 6, 190 Queen Street, Melbourne VIC 3000 || Phone: +61 433 549 009 || Email: elancollegeaustralia@gmail.com