

## HEALTH & SAFETY CERTIFICATE OF RECOGNITION PROGRAM

## **COMPLAINT FORM**

This form is to be completed when an individual or organization (Informant) brings a complaint against an auditor or another individual or organization.

Complaints will be reviewed on matters specified in the Code of Ethics/Conflict of Interest Guidelines. This document can be accessed from our website at <a href="http://www.enform.ca">http://www.enform.ca</a>

The complaint form submission must include documentation supporting the complaint such as:

- SIGNED SUMMARY OF THE COMPLAINT
- DOCUMENTATION SUPPORTING THE COMPLAINT
- SIGNED WITNESS STATEMENTS
- **OBSERVATIONS**

All required documentation needs to be attached. Incomplete forms will be returned for further information. Any question on this form please contact the 1-800-667-5557 extension 3.

## COMPLAINT FORM

Phone: 1-800-667-5557 ext 3 Facsimile: (403) 516-8167

corinfo@enform.ca

Informant			
Contact Name:		Telephone Number:	
Company Name			
Street Address:		Facsimile Number:	
City / Town:	Province:	Postal Code:	
COR Number:	Date of Last Audit:		
Please check all applicable, Are you a:	COR Holde	er 🗌 Auditor	Other
Complaint Description			
Please describe your issue here. You n	nav include an ati	achment if vou need m	ore space. Please ensure
your attachment includes your signature.		,	
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Sign Complaint	
Informant Signature	
Informant Signature	Date
inormant Signature	Date
Print Name	Date
	Date
	Date
Print Name Supporting Documentation	
Print Name	
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## SUBMISSION

• Please complete all applicable areas and return via facsimile or email to the following:

Juliet Goodwin Supervisor, Safety Audits and Certifications 5055-11 Street NE Calgary, AB T2E 8N4 Fax: (403) 516-8167 Email: corinfo@enform.ca