



Safe Work Certified Process Manual *Complaint / Appeal Form*

Employer Complaint/Appeal Report Form

To be completed and submitted to S2SA

Please check the appropriate box below to indicate whether you are submitting a complaint regarding the conduct of a SAFE Work Certified auditor or appealing a decision regarding your SAFE Work Certified audit. **All fields must be completed.**

Complaint

Appeal

Legal Name of Employer: _____

Operating Name: _____

Address: _____

Owner/Senior Manager: _____

Submitted by: _____ Date Submitted: _____

Email: _____ Phone Number: _____

To initiate a complaint or to appeal a decision, this form must be completed and submitted to the CP within ten (10) business days from the audit close-out meeting

Please provide the reason, details and desired outcome for the complaint/appeal:
(If you require more space, you can attach additional information in a separate document)

Note: S2SA will acknowledge receipt of a complaint/appeal within three (3) business days and provide a response within thirty (30) days of the decision.