



Northern Safety Network Yukon (NSNY) Application of COR Audit Dispute/Complaint Guidelines

A dispute/complaint can refer, but is not limited to, the following circumstances:

- Auditor violates any agreements they have with NSNY or with an employer (auditor code of ethics, conduct, conflict of interest, compliance declaration, etc)
- Employer violates any agreements they have between the Auditor/NSNY
- Auditor is not following the NSNY Auditor Document and/or COR process (Audit Document or COR process) requirements when conducting an audit
- Auditee worksite is found to be in violation of the COR/SECOR program standards
- Auditor/Employer is disputing the NSNY review of an audit submission

To file a dispute/complaint the following information form must be completed and submitted to Northern Safety Network Yukon (NSNY).

- A written statement clearly and concisely stating your position;
- A clear and concise statement must be included regarding what resolution you hope to achieve through the dispute process; and
- All information necessary to back-up and support your position.

Please note submissions can be no longer than two (2) pages single-sided, must be provided in writing and cannot be submitted anonymously.

Once the documentation of the complaint/dispute is received the NSNY will schedule a special meeting of the Audit Review Committee (ARC).

Recommendations from the meeting will be submitted by the Chair/Co-Chair of the ARC to the NSNY Executive Director who may present it to the NSNY Board of Directors. The NSNY Board of Directors may then respond to the recommendations; and/or schedule a special board meeting to discuss and come to a decision on the issue.

Submit all applications to: Sheila Sergy, Executive Director
Northern Safety Network Yukon (NSNY)
478 Range Road Whitehorse, YT Y1A 3A2
Fax: 867.633.6391 email: sheila@yukonsafety.com

NSNY COR Audit Dispute/Complaint Application

Applicant Name:
Company Name:
Phone Number:
Email:

- 1. Clearly state your reason for the dispute/complaint and provide background/supporting information (who, what, when, where, why, how).**

2. Suggested resolution or what you would like to achieve

By signing and submitting this application I am verifying that the above information is true and correct to the best of my knowledge:

Applicant:

Signature

Date

For NSNY Office Use only:

Date received: _____

NSNY COR Coordinator/Executive Director

Date