

(AGENCY NAME)

*WITHDRAWAL OF COMPLAINT OR APPEAL
FOR FAIR HEARING*

Date: _____

TO: (AGENCY NAME)

I, _____, hereby withdraw my () *complaint or () ** appeal,
Complainant

filed on _____ against _____
Date Name of Person or Agency

located at: _____

Complainant's Name (please print):

Complainant's Address (please print):

Reason for Withdrawal: _____

* Check appropriate term, Complaint or Appeal

** Appeal from finding

Complainant Signature: _____