

**COMPLAINT WITHDRAWAL FORM**

I, \_\_\_\_\_ hereby WITHDRAW the Discrimination  
(PRINT NAME)

Complaint that I signed dated \_\_\_\_\_ .

I have not received promises, rewards or concessions that might have influenced me to withdraw my complaint. I voluntarily **withdraw** the request for an investigation and any consent that I may have granted for release of information.

I, the undersigned, do not wish to proceed with the Discrimination Complaint that I filed against \_\_\_\_\_ because:  
(PRINT NAME)

Please check all statements that apply and sign and date below.

- 1. The issues I raised in my complaint are now resolved.
- 2. I no longer believe that I have a discrimination complaint.
- 3. I am currently receiving the benefits I am entitled to receive.
- 4. I understand that the changes in current laws prohibit me from receiving benefits.

\_\_\_\_\_  
Complainant's Signature Date

**RETURN** this form to: Department of Human Services/Personnel Office  
Civil Rights Compliance Staff  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

**SEND** questions to: [DHSCivilRightsBox@dhs.hawaii.gov](mailto:DHSCivilRightsBox@dhs.hawaii.gov)

**NOTE:** Please be advised that no one may intimidate, threaten, coerce or engage in other discriminatory conduct against another individual who takes action or participates in an action to secure his or her rights protected by civil rights laws. Anyone who claims retaliation or intimidation for having filed an alleged discrimination complaint or for having served as a witness in an investigation may file a complaint with the appropriate Department of Human Services office and/or federal and state agencies, which will investigate the complaint.