

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
Human Resources Office
Civil Rights Compliance Staff
P. O. Box 339
Honolulu, Hawaii 96809-0339

SEND questions to: 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.