Appendix B – Harassment Complaint Withdrawal Request Form

Name of complainant: _____

Department: _____

Work address and phone number: _____

Name(s) of alleged respondent(s): _____

_____

Describe reason for requesting the withdraw of complaint: _____

_____

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I hereby certify that to the best of my knowledge the information I have provided is accurate and complete.

_____	_____	_____
Complainant Name	Complainant Signature	Date