State of Hawaii
Department of Human Services
COMPLAINT WITHDRAWAL FORM

I, _____ hereby WITHDRAW my Discrimination Complaint
Full Name
signed by me on (Date)_____. I am revoking any consent I might have granted previously for release of information. I am voluntarily revoking this consent and the request for an investigation and do not wish to proceed with this complaint. I have received no promises, rewards or concessions which might have influenced me in withdrawing this complaint.

_____ _____
Complainant Date

Note: Please be advised that no one may intimidate, threaten, coerce, or engage in other discriminatory conduct against anyone because he or she has either taken action or participated in an action to secure rights protected by civil rights laws. Any individual alleging such harassment or intimidation may file a complaint with appropriate internal or external agencies who will investigate such a complaint if the situation warrants.

Please help us by checking all statements that apply, sign and date and return to DHS, PERS/CRCS, P.O. Box 339, Honolulu, HI 96809-0339.

I, the undersigned, wish to withdraw my complaint of discrimination that I filed against _____because:

___ 1. I no longer wish to pursue my complaint because the issues I raised 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.

_____ _____
Signature Date

Questions may be submitted to: gwatts@dhs.hawaii.gov