# Complainants: complete this form if you want to withdraw your human rights complaint(s) with the Commission.

Once we have received this form and reviewed it, we will send a withdrawal letter to you and/or your representative as well as the organization/person that you are complaining about. In addition, we will close your file and no further action will be taken.

# General Instructions

* Complete this form and return it to the Commission.
* Please make sure that you save this form to your desktop as it will not save automatically or be automatically submitted to the Commission.
* Once the form is completed, please email it as an attachment to [complaint.plainte@chrc-ccdp.gc.ca](mailto:complaint.plainte@chrc-ccdp.gc.ca).
* If you have any questions you may contact us at the email address noted above. Please make sure to provide your name and complaint file number.
* You may also print your form and send it by mail to 344 Slater Street, Ottawa, ON K1A 1A1 or fax it to 613-996-9661.
* Keep a copy of your withdrawal form and all of your documents.

# Information about your complaint:

Name of the person withdrawing complaint:



Complaint File Number (if there is more than one file, please list all files): 

Name of the Respondent:

I am withdrawing my complaint because:

I have settled/resolved my complaint with the Respondent(s)

I do not want to proceed any further with my complaint

I understand that by withdrawing my complaint(s), I will not be able to reactivate it/them or submit a new complaint on the same matters at any time in the future.

I consent to the Canadian Human Rights Commission processing my request to withdraw this complaint and understand that a letter of withdrawal will be sent to all parties. I understand that the Commission may send one email to all parties where available.

**Check this box to represent your signature if you are submitting this form electronically.**

Click or tap to enter a date.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of the Complainant Date (DD/MM/YYYY)



**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name