

## EQUAL EMPLOYMENT OPPORTUNITY DISCRIMINATION COMPLAINT WITHDRAWAL FORM

COMMONWEALTH OF PENNSYLVANIA  
STD-486W REV. 9/16

CASE/DOCKET NUMBER	DATE OF COMPLAINT
COMPLAINANT'S NAME	PERSONNEL NUMBER
COMPLAINANT'S ADDRESS	AGENCY NAME AND ADDRESS
COMPLAINANT'S CONTACT NUMBERS	AGENCY CONTACT NUMBERS
PLEASE INDICATE WHY A WITHDRAWAL OF THIS COMPLAINT IS REQUESTED (USE ADDITIONAL PAPER IF NEEDED)	

Please note that your request for withdrawal of your complaint will be considered. However, depending upon the allegations and circumstances, the agency may continue with its investigation.

**RETALIATION OF ANY KIND IS PROHIBITED AGAINST PERSONS WHO HAVE FILED A COMPLAINT, REPORTED CONDUCT, TESTIFIED, ASSISTED, OR PARTICIPATED IN ANY PROCEEDING, INVESTIGATION OR HEARING REGARDING ANY ALLEGATION OF DISCRIMINATION**

**I HAVE NOT BEEN FORCED TO REQUEST THIS WITHDRAWAL.**

COMPLAINANT'S SIGNATURE	DATE
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