

**TIOGA COUNTY NOTICE OF WITHDRAWAL OF COMPLAINT
OF DISCRIMINATORY HARASSMENT (FORM 5)**

COMPLAINANT'S NAME: _____

TITLE AND DEPARTMENT: _____

DATE COMPLAINT FILED: _____

DEPARTMENT HEAD NOTIFIED: _____

I wish to voluntarily withdraw from the Discriminatory Harassment complaint counseling the allegation(s) of discriminatory harassment, which I initiated on ___/___/___ . I hereby confirm that I was not coerced, threatened or intimidated by anyone into withdrawing from the process. I understand that my voluntary withdrawal terminates the processing of this complaint and I will not pursue a discriminatory harassment complaint on this matter. I understand that I still retain the right to enter the discriminatory harassment complaint process for future matters.

Complainant's Signature

Date