

**EQUAL EMPLOYMENT OPPORTUNITY
INTERNAL COMPLAINT WITHDRAWAL FORM**

COMMONWEALTH OF PENNSYLVANIA

STD-486W

REV. 1/2026

CASE/DOCKET NUMBER	DATE OF COMPLAINT
COMPLAINANT'S NAME	EMPLOYEE NUMBER
COMPLAINANT ADDRESS	AGENCY NAME AND ADDRESS
COMPLAINANT 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 investigation may continue.

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

I AM KNOWINGLY AND VOLUNTARILY WITHDRAWING THIS COMPLAINT OF MY OWN FREE WILL.

COMPLAINANT'S SIGNATURE	DATE
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