OFFICE OF AFFIRMATIVE ACTION, COMPLIANCE AND DIVERSITY
WITHDRAWAL FORM

NOTE: Any action, including a filed complaint of discrimination, may be withdrawn at any time during the informal resolution or investigation process. Only the Complainant may withdraw a complaint. Requests for withdrawals must be submitted in writing to the Chief Diversity Officer. The University reserves the right to continue with an investigation, if it is warranted. In a case where the University decides to continue with an investigation, the Complainant will be notified. In either event, the accused will also be notified in writing that the Complainant has withdrawn the complaint and/or whether University officials determined that continuation of the investigation is warranted for corrective purposes.

Today’s Date: ___/___/_______ Student/Empl. ID: ______________________

Name of Complainant/Requestor: __________________________
(First Name) (MI) (Last Name)

If the Complainant/Requestor is an Employee/Faculty:

Department Name: _____________________________________________

Contract Title: ______________________ Office Title: ______________________

I, __________________________, voluntarily request to withdraw one or more of the identified action(s) with the Office of Affirmative Action, Compliance Diversity:

☐ EEO Inquiry – Informal Complaint/Review

☐ CUNY Charge of Discrimination Complaint Form

☐ Appeal for a Request for Reasonable Accommodation for a Known Disability

☐ Appeal for a Request for Reasonable Accommodation for Religious Observance

☐ Other: _______________________________________________________

Please describe/state your reason for this withdrawal:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Complainant/Requestor’s Signature: _______________________________________