

COMMONWEALTH COUNCIL ON DEVELOPMENTAL DISABILITIES

WITHDRAWAL OF COMPLAINT OR APPEAL

Date: _____

TO: Commonwealth Council on Developmental Disabilities

I, _____, hereby withdraw my

Check appropriate term:

complaint or appeal (appeal from finding)

filed on _____ against _____
Date Name

located at _____.

Complainant's Name: _____

Complainant's Address: _____

Reason for Withdrawal: _____

Signed: _____