

FAIR EMPLOYMENT PRACTICE OFFICE

**Department of Labor
Government of Guam
P.O. Box 9970
Tamuning, Guam 96931-9970
(671) 647-7074**

COMPLAINT WITHDRAWAL

Date: _____

Administrator, Fair Employment Practice Office
Department of Labor
P.O.Box 9970
Tamuning, Guam 96931

Dear Sir/Madame,

I hereby withdraw my complaint against the above named Respondent for the following reason (s):

I am not being forced or coerced to withdraw my complaint and do so of my own free will.

Signature

I hereby attest to and witness the above signature and acknowledge receipt of this complaint withdrawal.

FEPO INVESTIGATOR:

Signature

Date