FORM DPC 2 (r. 7 (1) & r. 8(3))

REQUEST TO DISCONTINUE OR WITHDRAW A COMPLAINT

A. NATURE OF REQUEST

Mark the appropriate box with an "X"
Request for:

DISCONTINUATION ☐ WITHDRAWAL ☐

B. PARTICULARS OF THE COMPLAINANT/REPRESENTATIVE

Full Names	
National Identification Card Number/Passport Number	
Contact information (Phone number/email address)	

C. NATURE OF THE COMPLAINT

Complaint Number/Reference Number	

D. STATE REASON FOR WITHDRAWAL/DISCONTINUATUION OF COMPLAINT

Signature

Date

Note

**If the space provided for in this Form is inadequate, submit information as annex.*

**If you have supporting documents to substatiate your claim, please annex copies to this Form.*

**The information submitted will be treated with the upmost confidentiality.*