

FORM DPC 2

(r. 7(1) &amp; r.8(3))

## REQUEST TO DISCONTINUE OR WITHDRAW A COMPLAINT

|  |                                     |
|--|-------------------------------------|
| <b>A. NATURE OF REQUEST</b>  |                                     |
| Mark the appropriate the box with an "x".                              |                                     |
| Request for:   |                                     |
| DISCONTINUATION <input type="checkbox"/>                               | WITHDRAWAL <input type="checkbox"/> |
| <b>B. PARTICULARS OF THE COMPLAINANT/ REPRESENTATIVE</b>               |                                     |
| Full names   |                                     |
| National Identification Card Number/<br>Passport Number                |                                     |
| Contact Information<br>(Phone Number/ Email Address)                   |                                     |
| <b>C. NATURE OF THE COMPLAINT</b>                                      |                                     |
| Complaint Number/Reference<br>Number                                   |                                     |
| <b>D. STATE REASON FOR WITHDRAWAL/DISCONTINUATION OF<br/>COMPLAINT</b> |                                     |
|  |                                     |
|  |                                     |
|  |                                     |

Signature

Date

*Note:*

*\*If the space provided for in this Form is inadequate, submit information as an Annexure to this form*

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

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