

**CITY OF NIAGARA FALLS  
WITHDRAWAL OF DISCRIMINATION OR HARASSMENT COMPLAINT**

Name of complainant: \_\_\_\_\_

Date complaint was filed: \_\_\_\_\_

Department Head notified: \_\_\_\_\_

I HEREBY WITHDRAW THIS COMPLAINT AND AGREE THAT NO FURTHER ACTION IS REQUIRED ON IT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Forward to: EEO Officer for Compliance and Workforce Diversity  
City Hall  
745 Main Street, Room 16  
Niagara Falls, NY 14302