

**STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC ASSISTANCE**

**WITHDRAWAL OF CIVIL RIGHTS COMPLAINT**

I hereby withdraw my complaint against the Department of Health and Social Services, Division of Public Assistance charging discrimination based on age, race, color, sex, handicap, religious creed, national origin, or political beliefs filed on \_\_\_\_\_ at \_\_\_\_\_ (Date)  
\_\_\_\_\_  
(Location)

The complaint has been resolved to my satisfaction.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Division of Public Assistance Staff Resolving Complaint:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Division of Public Assistance Address: \_\_\_\_\_  
\_\_\_\_\_

Attachment: Civil Rights Complaint GEN 101