



CITY OF DALLAS

CITY OF DALLAS
ETHICS ADVISORY COMMISSION

COMPLAINT WITHDRAWAL FORM

For Official Use Only

In accordance with Section 3.4 of the Ethics Advisory Commission Rules of Procedure, “a completed complaint may not be withdrawn unless agreed to in writing by the respondent. A request to withdraw a complaint must be made on a form provided by the city secretary’s office and must contain the notarized signatures of both the complainant and the respondent. The request must be received by the city secretary’s office no later than 9:00 a.m. of the last business day before the date scheduled for the preliminary panel meeting at which the complaint will be reviewed.”

PART A – COMPLAINT INFORMATION

1. a. Date complaint was filed in the City Secretary’s Office

b. Complainant’s full name:

c. Complainant’s residence address (Street, City, State, and Zip Code):

d. Complainant’s business address (Street, City, State, and Zip Code):

e. Complainant’s preferred telephone number:

Cell Home Business (circle one)

f. Complainant’s alternate telephone number:

Cell Home Business (circle one)

g. Complainant’s email address:

PART A – COMPLAINT INFORMATION, continued

2. a. Name of person against whom the complaint was filed (the respondent):

b. Check the box that applies to the person named above and fill in the applicable information:

- Elected official _____ (office held)
- Appointed official _____ (board/commission name)
_____ (title/position held)
- Candidate _____ (office sought)
- City Employee _____ (title/position held)
_____ (department)

c. Respondent's residence address (Street, City, State, and Zip Code):

d. Respondent's business address (Street, City, State, and Zip Code):

e. Respondent's preferred telephone number:

Cell Home Business (circle one)

f. Respondent's alternate telephone number:

Cell Home Business (circle one)

g. Respondent's email address:

PART B – COMPLAINANT’S STATEMENT

I AM WITHDRAWING MY COMPLAINT DATED _____ AGAINST _____ (RESPONDENT). I UNDERSTAND THAT A PHOTOCOPY OF THIS SIGNED WITHDRAWAL FORM WILL BE SENT TO THE CHAIR OF THE ETHICS ADVISORY COMMISSION, ALL MEMBERS OF THE ETHICS ADVISORY COMMISSION, AND THE RESPONDENT.

Signature of Complainant

Date

Before me, _____, a Notary Public, on this day personally appeared, _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D., 20_____.

-SEAL-

_____, Notary Public

PART C – RESPONDENT’S STATEMENT

**I AGREE TO THE WITHDRAWAL OF THE COMPLAINT FILED ON _____ (DATE)
AGAINST ME BY _____ (COMPLAINANT).**

Signature of Respondent

Date

Before me, _____, a Notary Public, on this day personally appeared, _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D., 20_____.

-SEAL-

_____, Notary Public

ALL PAPERS AND COMMUNICATIONS RELATING TO THIS FILING WILL BE TREATED AS CONFIDENTIAL UNLESS REQUIRED TO BE MADE PUBLIC BY THE PUBLIC INFORMATION ACT (CHAPTER 552, TEXAS GOVERNMENT CODE) OR OTHER APPLICABLE LAW.

Upon completing **ALL** sections of this form, please hand deliver or send by certified mail with any attachments to:

Office of the City Secretary
CITY HALL
1500 Marilla Street – Suite 5DS
Dallas, TX 75201

Should you have any questions concerning this form, please contact the City Secretary's Office, at (214) 670-3738 during regular business hours (8:15am – 5:15pm).