



**CITY OF DALLAS**  
**ETHICS ADVISORY COMMISSION**

For Official Use Only

**COMPLAINT WITHDRAWAL FORM**

*In accordance with Section 3.5 of the Ethics Advisory Commission Rules of Procedure, “a complaint or amended complaint may not be withdrawn, unless agreed to in writing by the respondent. A request to withdraw a complaint or amended 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 or amended complaint will be reviewed.”*

**PART A – COMPLAINT INFORMATION**

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

2. a. Your full name (identifies you as Complainant)

b. Complainant’s residence address (street, city, county, state and zip code)

c. Complainant’s business address (street, city, county, state and zip code)

d. Complainant’s business telephone #      Complainant’s residence telephone #

3. a. Name of person(s) against whom complaint or amended complaint was filed (Respondent):

(Check One)

Fill in Appropriate Information

	Elected Official	Office Held	
	Appointed Official	Board or Commission/ Title	
	Candidate	Office Sought	
	City Employee	Title/Department	

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b. Respondent's residence address (street, city, county, state and zip code)

c. Respondent's business address (street, city, county, state and zip code)

d. Respondent's business telephone # residence telephone #

PART B – COMPLAINANT’S STATEMENT

I AM WITHDRAWING MY ORIGINAL OR AMENDED COMPLAINT DATED \_\_\_\_\_, \_\_\_\_\_ AGAINST \_\_\_\_\_ (RESPONDENT). I UNDERSTAND 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

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**PART C – RESPONDENT’S STATEMENT**

**I AGREE TO THE WITHDRAWAL OF THE ORIGINAL OR AMENDED COMPLAINT FILED ON \_\_\_\_\_ 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 UNDER THE PUBLIC INFORMATION ACT 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 Avenue, 5DS · Dallas, TX 75201

Should you have any questions concerning this form, please contact the City Secretary’s Office, at **(214) 671-8970** during regular business hours (8:15 am – 5:15 pm).