

## **Who can withdraw a Complaint?**

Only a complainant or their legal counsel or authorized representative may withdraw their Complaint.

## **When can I request to withdraw a Complaint at the Tribunal?**

Once the Complaint is at the Tribunal, the complainant may complete this Notice of Withdrawal form at any time.

The respondent must be sent a copy of the Notice of Withdrawal and may, within 5 days of receiving it, object or make submissions regarding the withdrawal.

## **How do I file a Notice of Withdrawal form?**

Send your completed and signed Notice of Withdrawal form to the Tribunal Registrar and the other parties (through email, fax or mail). The complainant is not required to get the consent of the respondent or the Director. However, the Tribunal will generally approve a withdrawal where consent is provided.

## **How does a respondent consent or respond to the Notice of Withdrawal?**

The respondent signs the Notice of Withdrawal made by the complainant to consent to the withdrawal, and sends it to the Registrar.

The respondent may also object to the withdrawal by providing written submissions to the Tribunal **no later than 5 days after receiving the complainant's Notice of Withdrawal**.

## Notice of Withdrawal

<b>Complaint Information</b>	
File Number:	
File name (Complainant v Respondent):	

<b>1. Complainant's Information</b>		
First Name:	Last Name:	Organization (if applicable):

<b>2. Are you applying to withdraw your Complaint against all of the respondents?</b>	
Yes	No

<b>3. If no, against which respondent(s) do you want to withdraw your Complaint?</b>

<b>4. Signatures</b>
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I request to withdraw my Complaint against the respondent(s) noted above. By signing my name, I declare that, to the best of my knowledge, the information in this form is complete and accurate. I acknowledge I have had the opportunity to seek legal advice and that I am making this request voluntarily.

Name:	
Complainant Signature	Date: (dd/mm/yyyy)
_____	

Please check this box if you are filing your request electronically.  
This represents your signature. You must fill in the date above.

7<sup>th</sup> Floor, Commerce Place  
10155-102 Street NW  
Edmonton, Alberta T5J 4L4  
Telephone: 780-638-4635  
Fax: 780-638-4641

Mezzanine Level, J.J. Bowlen Building  
620 – 7<sup>th</sup> Avenue SW  
Calgary, Alberta T2P 0Y8  
Telephone: 403-476-4939  
Fax: 403-476-4945

By signing my name below, I confirm that I consent to the complainant’s withdrawal of this Complaint. I confirm that I have the authority to consent to this withdrawal on behalf of the respondent.

Name:	Organization (if applicable):
Respondent Signature _____	Date: (dd/mm/yyyy)
Please check this box if you are filing your request electronically. This represents your signature. You must fill in the date above.	

By signing my name below, I confirm that the Director of the Commission consents to the complainant’s withdrawal of this Complaint.

Name:	
Signature _____	Date: (dd/mm/yyyy)
Please check this box if you are filing your request electronically. This represents your signature. You must fill in the date above.	