

**Administrative Remedy Procedure
WITHDRAWAL FORM**

TO: _____ *Administrative Remedy Coordinator*
_____ *Correctional Facility Name*

I, _____, **CL** # _____,

wish to withdraw my request for administrative remedy, ARP Case No. _____.

I acknowledge that my complaint **cannot** be further addressed through the administrative remedy procedure. I also understand that failure to exhaust the administrative remedy procedure by withdrawing my request may result in dismissal of my complaint at a higher level.

Inmate's Signature

Date

Staff Witness/Title

Date