

**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