

Complaint Withdrawal Form



File No: _____

I, _____, of _____,

wish to withdraw my complaint filed on _____ under the *New Brunswick Police Act* against

_____ of the _____ Police Force.

By signing below, I understand and acknowledge that by withdrawing my complaint the process under the *Police Act* will be terminated and that this complaint may not be reopened.

Signature: _____ Date: _____
YYYY/MM/DD

Witness: _____ Signature: _____
(Please print name - must be a person 19 years of age or older)