



DEPARTMENT OF THE TREASURY  
WASHINGTON, D.C. 20220

WITHDRAWAL STATEMENT

\_\_\_\_\_  
(Person Counseled)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State, Zip)

On \_\_\_\_\_(date of initial contact), you contacted the EEO Office of the United States Mint and alleged that you were discriminated against by the Agency. Specifically, you alleged that you were discriminated against regarding the below listed claim(s) and basis(es).

CLAIM(S)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

BASIS(ES) check all that apply	
<input type="checkbox"/> 1. Race (Specify):	<input type="checkbox"/> 6. Age (Specify Date of Birth):
<input type="checkbox"/> 2. Color (Specify):	<input type="checkbox"/> 7. Physical Disability (Specify):
<input type="checkbox"/> 3. Religion (Specify):	<input type="checkbox"/> 8. Mental Disability (Specify):
<input type="checkbox"/> 4. Sex (Specify):	<input type="checkbox"/> 9. Reprisal (Dates of prior EEO Activity):
<input type="checkbox"/> 5. National Origin (Specify):	

Subsequent to your discussion with the EEO Counselor, you stated that you did not wish to pursue the above noted matter any further. Therefore, you hereby unconditionally withdraw your informal complaint of discrimination that was filed with the EEO Office on the above date.

\_\_\_\_\_  
Signature of Complainant/Representative

\_\_\_\_\_  
Print Name of Complainant

\_\_\_\_\_  
Date