

## TOWARDS HEALING

Please complete all sections, sign the document and return it to:

**Professional Standards Office (Catholic Church - Queensland)  
PO Box 3264, Brisbane Qld 4001**

NOTE - All section must be completed. If not completed the complaint will not be withdrawn and the Professional Standards Office will proceed with the matter.

### COMPLAINANT

Full Name:

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Date of Birth:

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Telephone:

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Mobile telephone:

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Email:

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Address:

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### WITHDRAWAL

I confirm that I no longer wish to proceed with my complaint made to the Professional Standards Office (Catholic Church - Queensland).

I confirm that I am withdrawing my complaint of my own free will and without any threat, promise or inducement by any member of the Professional Standards Office (Catholic Church – Queensland).

I understand that by withdrawing this complaint that no further action will be taken by the Professional Standards Office (Catholic Church – Queensland) on the matter on my behalf.

I also understand that the Professional Standards Office (Catholic Church – Queensland) may continue to take internal action related to my complaint.

### REASON FOR WITHDRAWAL (tick whichever is applicable)

- I intend to report the matter to the police or other civil agency for action (understanding that I may seek to invoke the complaint again after this action has been finalised).

### TOWARDS HEALING

- I intend to take civil legal action against the relevant Church Authority/ies (understanding that I will not be able to invoke the complaint again after this action has been finalised).
- I am no longer interested in proceeding with the complaint.
- Other (please explain)

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Signature: .....

Date ...../...../.....