

FORM A

## **WAIVER**

l,	
(Name of the co	omplainant)
With the full understanding of my rights, by sul	bmitting this complaint, hereby:
<ol> <li>Confirm that I have not instituted legal am complaining about.</li> </ol>	proceedings in respect of the article that I
	other person who is employed by the n of the article that is the subject matter of
3. Agree to forego the right to institute a subject matter of the complaint.	ny litigation proceedings arising from the
4. Agree to be bound by the ruling of the C	Ombudsman or the MCM's ECDC Chair.
5. Understand that this waiver does not pr Ombudsman or the MCM's ECDC Chair i	
Name:	Date
Signature:	
(COMPLAINANT)	
Name:	
Signature:	Data
(WITNESS)	Date