



State of Illinois



OPT OUT REQUEST FORM

IN THE MATTER OF:

_____)

COMPLAINANT,)

AND)

_____)

RESPONDENT.)

CHARGE NO.: _____

EEOC NO.: _____

I hereby request to opt out of the investigation and administrative processing of my charge filed against the above-named Respondent with the Illinois Department of Human Rights (“IDHR”) (Charge Number _____) and the Federal Equal Employment Opportunity Commission (“EEOC”) (Charge Number _____) if applicable.

Check this box if EEOC charge number is NOT available.

I request that the Director of IDHR issue a Notice of Opt Out of IDHR’s Investigation and Administrative Process, and of Right to Commence an Action in the Appropriate Circuit Court or Other Appropriate Court of Competent Jurisdiction. (“Notice of Opt Out”). I acknowledge that by signing this form and requesting to opt out of IDHR’s investigation, the IDHR will cease the investigation and administratively close the charge, and that I have 90 days from the receipt of the Notice of Opt Out to commence an action in the appropriate Circuit Court or other court of competent jurisdiction.

If this charge is cross-filed or is pending cross-filing with EEOC, I understand that EEOC will not conduct an investigation and will issue a Dismissal and Notice of Right to Sue for the EEOC charge number that coincides/correlates with the IDHR charge number.

Signature

Date