

OPT OUT REQUEST FORM

| IN THE MATTER OF: |)) |
|--|--|
| COMPLAINANT, |)) CHARGE NO.: |
| AND |) |
| RESPONDENT. |) |
| above-named Respondent with the Illinois Depa | administrative processing of my charge filed against the artment of Human Rights ("IDHR") (Charge Number Employment Opportunity Commission ("EEOC") (Charge |
| Check this box if EEOC charge number is NO | T available. |
| Process, and of Right to Commence an Action in to Competent Jurisdiction. ("Notice of Opt Out"). I sopt out of IDHR's investigation, the IDHR will cease | e of Opt Out of IDHR's Investigation and Administrative the Appropriate Circuit Court or Other Appropriate Court acknowledge that by signing this form and requesting to e the investigation and administratively close the charge, ice of Opt Out to commence an action in the appropriate n. |
| | with EEOC, I understand that EEOC will not conduct an ce of Right to Sue for the EEOC charge number that . |
| | Signature |
| | Date |
| Submit completed form to: | IDHR.OptOuts@illinois.gov |