

VOLUNTARY WITHDRAWAL REQUEST FORM

RESPONDENT: _____

COMPLAINANT: _____

I hereby request to withdraw my charge filed against the above named Respondent with the Illinois Department of Human Rights (Charge Number _____) and the Federal Equal Employment Opportunity Commission (Charge Number _____). Withdrawal is being made of my own free will, without pressure from any organization or individual.

If I am withdrawing this charge because I have reached a settlement with the Respondent, which has not been approved by both the Department and the Human Rights Commission, those agencies cannot enforce that settlement.

I understand that the withdrawal of my charge is effective upon receipt by the Department of my signed and dated Voluntary Withdrawal Request Form. The Department will then issue an Order of Closure as soon as administratively feasible and will not otherwise delay processing.

Signature

Date

NOTE: The Department of Human Rights will not accept or process a Voluntary Withdrawal Request Form with different, additional, edited or changed text from its standard form above.