**City of Chicago**

**COMMISSION ON HUMAN RELATIONS**

**740 N. Sedgwick, Suite 400, Chicago, IL 60654**

**312/744-4111 (Voice), 312/744-1081 (Fax), 312/744-1088 (TDD)**

[**cchrfilings@cityofchicago.org**](mailto:cchrfilings@cityofchicago.org)

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| **IN THE MATTER OF:** | |  | |  |
| **Complainant**  **v.**  **Respondent** | |  |  |  |  |  | | **Case No.:** |

**REQUEST FOR** **VOLUNTARY WITHDRAWAL OF COMPLAINT**

**AGAINST ONE OR MORE RESPONDENT/S**

I, , filed the Complaint in the matter captioned above. I am requesting permission to voluntarily withdraw that Complaint against Respondent/s . I understand that I thereby forgo my right to pursue the claims in this complaint against the Respondent/s named in this request further before the Chicago Commission on Human Relations.

I am not withdrawing my Complaint against the other Respondent/s.

I further understand that pursuant to Regulation 210.190, this request must be submitted to the Commission, and the Commission shall approve the request if it is knowingly and voluntarily made, and shall promptly notify the parties of this withdrawal in writing.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_