

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

IN THE MATTER OF:

Complainant
v.

Case No.:

Respondent

**REQUEST FOR VOLUNTARY WITHDRAWAL
OF PARTICULAR CLAIM/S**

I, _____, filed the Complaint in the matter captioned above.
I am requesting permission to withdraw my claim/s concerning _____
_____. I understand that I thereby forgo my right to
pursue the withdrawn claim/s further before the Chicago Commission on Human Relations.

I am not withdrawing the other claim/s made in my Complaint.

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: _____