STATE OF ILLINOIS
DEPARTMENT OF HUMAN RIGHTS

IN THE MATTER OF:	)	
	)	
_____,	)	
	)	
COMPLAINANT,	)	CHARGE NO.: _____
	)	EEOC NO.: _____
AND	)	
	)	
_____,	)	
	)	
	)	
RESPONDENT.	)	

OPT OUT REQUEST FORM

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.

☐ *If EEOC charge number is NOT available*: By checking this box, I am also requesting to opt out of the EEOC investigation that correlates with this charge. Although I do not have the EEOC charge number available at this time, I am also requesting that EEOC issue a Right to Sue for the EEOC charge number that coincides/correlates with the IDHR charge number as part of this Opt Out process for this charge.

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.

_____
Signature

_____
Date