

**STATE OF ILLINOIS
DEPARTMENT OF HUMAN RIGHTS**

IN THE MATTER OF:)
)
_____,)
)
 COMPLAINANT,) CHARGE NO.: _____
)
AND)
)
_____,) EEOC NO: _____
)
)
 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 (Charge Number _____) if applicable.

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 Circuit Court (“Notice of Opt Out”).

I acknowledge that by signing this form and requesting to opt out of IDHR’s investigation, I have 90 days from the receipt of the Notice of Opt Out to commence an action in the Circuit Court, and that if I commence an action in the Circuit Court, IDHR will cease its investigation and dismiss my charge of discrimination.

Signature

Date