

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 under the Age Discrimination in Employment Act I have seven (7) days to revoke a settlement. I further understand that this withdrawal will be effective and the Department will process this withdrawal on the eighth (8th) day after I sign and date this withdrawal, unless I timely notify the Department that I am revoking my acceptance of this withdrawal.

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.