**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.****Respondent** | ||||||| | **Case No.:**  |

**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 I understand that I thereby forgo my right to pursue the withdrawn claim/s further before the Chicago Commission on Human Relations.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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_