

Request to Withdraw Complaint

Authorization for this form is provided under Section 111.375, Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a withdrawal of a discrimination complaint with the Equal Rights Division, you must submit a written document containing the information sought by this form. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Complainant
First Name
Middle Name
Last Name
Street Address
City
State
Zip Code

Respondent
Respondent Name
Street Address
City
State
Zip Code

I wish to withdraw my discrimination complaint against the above named respondent(s) filed with the:

<input type="checkbox"/> Department of Workforce Development Equal Rights Division	(ERD) Case Number
<input type="checkbox"/> U.S. Equal Employment Opportunity Commission	(EEOC) Case Number
<input type="checkbox"/> City of Madison Equal Opportunities Commission	(MEOC) Case Number

I have been advised that under state, federal and local laws it is unlawful for any person to threaten, intimidate or harass me because I have filed a complaint.

Signature	Date Signed
I make this request for the following reason(s):	

Send Completed form to:

THE EQUAL RIGHTS DIVISION
 201 E WASHINGTON AVE - ROOM A300
 PO BOX 8928
 MADISON WI 53708

THE EQUAL RIGHTS DIVISION
 819 N 6TH ST
 ROOM 255
 MILWAUKEE WI 53203