State of Wisconsin Department of Workforce Development Equal Rights Division

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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].

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

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

Department of Workforce Development Equal Rights Division	(ERD) Case Number
U.S. Equal Employment Opportunity Commission	(EEOC) Case Number
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):			
Settlement – Terms are confidential			
Settlement – Terms not confidential			
Complainant wishes to withdraw because			
Complainant requests that the EEOC issue a right to sue letter so the Complainant may pursue the federal law claims			
in Federal Court. The EEOC Case No. is			
Complainant requests that the EEOC investigate the fe	deral law claims. The EEOC Case No. is		

Drop off or send completed form to:

Office Location	Equal Rights Division	201 E Washington Ave – A100	Madison	WI	53703
Mailing Address	Equal Rights Division	PO Box 8928	Madison	WI	53708
Office Location & Mailing Address	Equal Rights Division	819 N 6 th St – Room 723	Milwaukee	WI	53203