NOTICE REQUIRED UNDER Section 15.04(1)(m), Wisconsin Statutes. 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.

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
		(EEOC) Case Number
U.S. Equal Employment Opportunity Commission		
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 Signe	ed
I make this request for the following reason(s):		
Send Completed form to:		
201 E WASHINGTON AVE ROOM A300 PO BOX 8928	819 N 6TH ST ROOM 255	
MADISON WI 53708	MILWAUKEE WI 53203	