

**COMMONWEALTH OF MASSACHUSETTS
COMMISSION AGAINST DISCRIMINATION**

From:

To:

Massachusetts Commission Against Discrimination
One Ashburton Place, Room 601
Boston, MA 02108
FAX: 617-994-6024

Re: _____

MCAD Docket Number _____; EEOC No: _____

Dear Commissioner:

I hereby request permission to withdraw my complaint filed with this Commission and if applicable, from the Equal Employment Opportunity Commission, for the following reason:

- () I wish to file a private right of action in civil court.
- () I have reached a satisfactory settlement with the Respondent.
- () I no longer intend to pursue this matter at the Commission.

Authorization for this request is indicated by the following Certification of Withdrawal by Complainant, **OR** Certification of Authorization to Withdraw by Counsel.

Certification of Withdrawal by Complainant

I have been advised that it is unlawful for any person or persons to threaten, intimidate, or harass me because I filed a complaint. I have not been coerced into requesting this withdrawal.

Date

Complainant's signature

Print Name

Certification of Authorization to Withdraw by Counsel

I have been authorized as Counsel of Record for the Complainant and have the authority and permission to sign for the Complainant in this matter. I have advised the Complainant that it is unlawful for any person or persons to threaten, intimidate, or harass him/her because s/he filed a complaint. Complainant has represented that s/he has not been coerced into requesting this withdrawal.

Date

Attorney signature

Print Name