

Complaint Processing and Investigation

APPEARANCE WITHDRAWAL

CASE NO. _____

NAME OF CASE (FIRST-NAMED COMPLAINANT vs. FIRST-NAMED RESPONDENT)

_____ v. _____

MAIL TO the CHRO Regional Office which is processing the complaint:

Capitol Region:

999 Asylum Avenue
Hartford, CT 06105
Tel/TDD: (860) 566-7710
Fax: (860) 566-1997

Southwest Region:

1057 Broad Street
Bridgeport, CT 06604
Tel/TDD: (203) 579-6246
Fax: (203) 579-6950

West Central Region:

Rowland Government Center
55 W. Main St., Suite 210
Waterbury, CT 06702-2004
Tel: (203) 805-6530
TDD: (203) 805-6579
Fax: (203) 805-6559

Eastern Region:

100 Broadway
Norwich, CT 06360
Tel: (860) 886-5703
TDD: (860) 886-5707
Fax: (860) 806-2550

PLEASE ENTER THE APPEARANCE WITHDRAWAL OF:

Name Of Official, Firm, Professional Corp., Individual Atty., Or Pro Se Party (See "Notice to Pro Se Parties" at end of form)

Mailing Address (No., Street, P.O. Box) Juris No. (If applicable)

City/Town State Zip Code

Telephone No.

Facsimile No.

In the above-entitled case for: ("x" ONE of the following)

- The Complainant.
- All Complainants.
- The following Complainant (s) only: _____

- The Respondent.
- All Respondents.
- The following Respondent (s) only: _____

Sign Here: _____

Print Name:

Date

