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|  | **Tennessee Department of Human Services****Withdrawal of Civil Rights Complaint** |

When completed, please mail form to:

**Department of Human Services**

**Civil Rights Compliance Officer**

**505 Deaderick Street, 14th floor**

**Nashville, Tennessee 37243**

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| **Complainant’s Name**:       |

**Complainant’s Contact Information \***

**Mailing Address**

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|       |       |       |       |
| **Street Address** | **City** | **State** | **ZIP** |
|    -   -     |    -   -     |    -   -     |
| **Home Number** | **Work Number** | **Cell Number** |

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| **E-Mail Address:**       |

**Reason for Withdrawal**

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**Office Use**

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|       |   /  /     |
| Received By | Date |

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