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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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