

MERRITT COLLEGE DISCRIMINATION COMPLAINT FORM

(Please print out form, fill in, and email or deliver to the Merritt College Title IX Coordinator, Dr. Arnulfo Cedillo, Building R-113E, acedillo@peralta.edu)

(PLEASE PRINT)

DATE:

COMPLAINANT (Name): _____

POSITION TITLE: _____

DESIGNATION: Student Management Faculty Classified Job Applicant Other

COMPLAINT IS FILED AGAINST:

Identify date(s), person(s), college, specific location, activity or program in which alleged discrimination occurred:

BASIS OF DISCRIMINATION: (Please check only those that apply)

| | | |
|---|--|--|
| <input type="checkbox"/> National Origin* | <input type="checkbox"/> Retaliation ** | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Religion* | <input type="checkbox"/> Age* | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Language/Accent | <input type="checkbox"/> Sexual Orientation* | <input type="checkbox"/> Sex (includes harassment)* |
| <input type="checkbox"/> Ancestry* | <input type="checkbox"/> Color* | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Disability (physical or mental)* | <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Perceived to be inprotected category or associated with those in protected categories |
| <input type="checkbox"/> Race* | <input type="checkbox"/> Veteran Status | |
| | <input type="checkbox"/> Ethnic Group ID * | |

*The State Chancellor's Office will only accept appeals based on these protected categories.

Please provide a written statement outlining the allegations in detail. Explain why you believe the discrimination occurred because of the protected category(ies) you checked off above.

**If applicable, explain below or on a separate sheet of paper why you believe you were retaliated against for your filing, pursuit, or assistance with a complaint of discrimination:

On a separate sheet of paper explain why you felt the resolution in the informal decision was not appropriate; or if you did not make use of the informal process, why you did not feel it would not resolve your complaint.

What is the specific action you are requesting to resolve the matter?

I certify that this information is correct to the best of my knowledge.

ATTACH ADDITIONAL PAGES AS NEEDED

INSTRUCTIONS TO COMPLAINANT

Please complete the information listed below Your contact information and the phone numbers of your witnesses **will be kept confidential and will not be released to the respondent.**

Name of Complainant: _____

Address _____
Street City Zip Code

Telephone (____) _____ (____) _____
(cell) (landline)

If there are witnesses who could provide more information regarding this complaint, please list names, addresses, and phone numbers on a separate piece of paper.

Formal complaints should be filed with the, Office of Human Resources, Peralta Community College District, 333 East 8th Street, Oakland, CA 94609

Individuals may also file complaints using the State Chancellor's form located at:

<http://californiacommunitycolleges.cccco.edu/complaintsForm.aspx>

