

## MERRITT COLLEGE DISCRIMINATION COMPLAINT FORM

(Please print form, complete, and email or deliver to the Merritt College Title IX Coordinator, Ms. Christine Hernandez Building R-113E, cvhernandez@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:

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

___ National Origin*	___ Retaliation**	___ Martial Status
___ Religion*	___ Age*	___ Gender Identity
___ Language/Accent	___ Sexual Orientation	___ Sex (Includes Harassment) *
___ Ancestry*	___ Color*	___ Medical Condition
___ Disability (physical or mental)*	___ Immigration Status	___ Race*
___ Veteran Status	___ Ethnic Group ID*	
___ Perceived to be in protected category or associated with those in protected categories		

\*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:

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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?

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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 \_\_\_\_\_

City State 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>