



Merritt College Discrimination Complaint Form

(Please complete and email or deliver it to Merritt College Title IX Coordinator, Dr. Lilia Chavez,
Student Services Building R-113F, lchavez@peralta.edu)

Complainant (Full Name): _____ Date: _____

Position Title: _____

Phone Number: _____ Email: _____

DESIGNATION:

- Student
- Management
- Faculty
- Classified
- Job Applicant
- other

COMPLAINT IS FILED AGAINST:

Please 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"/> Immigration Status |
| <input type="checkbox"/> Religion* | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Language/Accent | <input type="checkbox"/> Ethnic Group ID* |
| <input type="checkbox"/> Ancestry* | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Disability (Physical or Mental Health)* | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Race* | <input type="checkbox"/> Sex (includes Harassment)* |
| <input type="checkbox"/> Retaliation** | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Age* | <input type="checkbox"/> Perceived to be unprotected category
or associated with those in protected
categories |
| <input type="checkbox"/> Sexual Orientation* | |
| <input type="checkbox"/> Color* | |



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*The State Chancellor's Office will only accept appeals based on the 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:

