

Merit Issue Complaint Form

Instructions

Use this form to file a merit issue complaint with the California Public Employees' Retirement System (CalPERS). Information requested on the Merit Issue Complaint Form is used by the Human Resources Division (HRSD) to research alleged acts that may violate the State's merit system. It is extremely important for the applicant/team member to complete this form thoroughly and as accurately as possible. It is recommended that the applicant/team member retain a copy for their records.

Send this form and any supporting documentation to CalPERS HRSD, Merit Issue Complaint by:

Email:

Human_Resources@calpers.ca.gov

Or Mail:

California Public Employees' Retirement System Human Resources Division, Merit Issue Complaint

P.O. Box 942718

Sacramento, CA 94229-2718

Applicant/Team Member Information

Last Name **First Name** **Middle Initial**

Classification Title

Division/Office/Unit

Personal Mailing Address (Street or P.O. Box, City, State, Zip)

Email

Phone Number

Alleged Act Initiated By

Last Name **First Name**

Classification Title

Division/Office/Unit

Job Control (JC) Number (Located on the Job Posting)

Type of Merit Issue Complaint

Check all that apply

- Interference with promotional opportunity**
- Interference with access to any Board appeals process**
- Designation of managerial position pursuant to Government Code Section 3513**
- Dispute regarding the effective dates of appointment or promotion**
- Discrimination due to political affiliation or opinion**
- Other**

If you checked other, please provide a brief description:

Description of Complaint

Please provide a detailed description of the alleged act:

Supporting Documentation/ Attachments

Please list any supporting documentation or attachments that you are including with your complaint:

Signature

Printed Name

Signature

Date

CalPERS Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS

CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).