

STATE OF CALIFORNIA
 DEPARTMENT OF AGING
MERIT ISSUE COMPLAINT FORM
 CDA 9083 (NEW 10/2023)



Use this form to file a merit issue complaint with the California Department of Aging (CDA). Information requested on the Merit Issue Complaint Form is used by the Human Resources Branch (HRB) to research alleged acts that may violate the State's merit system. It is extremely important for the CDA applicant and/or employee to complete this form thoroughly and as accurately as possible. It is recommended that the CDA applicant and/or employee retain a copy for their records.

| A. Applicant/Employee Information | |
|---|-----------------------------|
| First Name: | Last Name: |
| Email Address: | Phone Number: |
| Address (Work or Personal): | |
| B. Alleged Act Initiated By (Complete information below as applicable/known) | |
| First Name: | Last Name: |
| Division Branch: | Classification: |
| Job Control (if known): | Position Number (if known): |
| C. Merit Issue Complaint | |
| <p>Check all that apply:</p> <ul style="list-style-type: none"> Interference with Promotional Opportunity Interference with Selection for Hire Dispute regarding the effective dates of appointment or promotion Designation of Managerial Position Interference with access to any Board appeals process Discrimination due to political affiliation or opinion Other: _____ | |
| D. Description of Complaint | |
| Provide a detailed description of the alleged act/complaint: | |
| List any supporting documentation or attachments that you are including with your complaint (e.g., email correspondence, job posting, letters, etc.) | |
| E. Signatures | |
| Applicant or Employee Signature and Date: | |