

CLAIM FORM

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THE HONOURABLE MICHEL BASTARACHE, C.C., Q.C.
INDEPENDENT ASSESSOR

CLAIM FORM

I - NOTE TO CLAIMANTS

This *Claim Form* is part of an out-of-court dispute resolution process. This Claims Process is a voluntary, flexible, and confidential process. The Independent Assessor will consider the information that you provide and may discuss the events that happened to you in order to decide if, and how much compensation to award you.

The Claims Process is not a judicial process or arbitration. This is a private initiative of the RCMP and Merlo/Davidson Class Action Parties. This process is directed solely to female RCMP Members, Civilian Members or Public Service Employees working within the RCMP, or persons who identified as female who were subjected to gender or sexual orientation based discrimination and harassment by other RCMP Members whether male or female. (For purposes of this Settlement only, *Regular Member* includes Regular Members, Special Constables, Cadets, Auxiliary Constables, Special Constable Members and Reserve Members, and *Public Service Employee* includes Temporary Civilian Employees.)

Getting counseling, support and legal assistance

If you have any questions regarding this Claim Form or the Independent Claims Process, please call 1 844 348-0776 or email your questions to info@merlodavidson.ca.

Throughout this Independent Claims Process, you will be asked information about the discrimination or harassment you suffered while a Regular Member or a Civilian Member of the RCMP, or a Public Service Employee working within the RCMP. This Claim Form asks you to describe in detail the gender or sexual orientation based discrimination and harassment and how it has affected you. The questions contained in this Claim Form, including questions pertaining to the description of the gender or sexual orientation based harassment and discrimination, may disturb you. If you feel anxious or unwell when you think about your experience, or while you are filling out this Claim Form, we encourage you to seek support from someone, such as a family member, counselor, treating health care professional, friend, or someone else from your community.

Any legal fees incurred will be the sole responsibility of the individual who retained the legal services.



PROVIDING COMPLETED CLAIM FORMS

Supporting documents

When you provide your Claim Form, please also provide any relevant documents that support your claim. Documents that are not immediately available can be sent as soon as they are available but no later than 60 days of submitting your Claim Form. You will receive notice of the date of assessment well in advance. The Assessor must be notified that documents will be sent after the filing of the Claim Form. These are documents that may confirm the details of the harassment or discrimination you experienced, that provide names of witnesses to the harassment, that confirm the injuries or harm you experienced (like physical or psychological medical records), your personnel file, files from any RCMP complaint or grievance, and any documents about your efforts to recover from your injuries or losses.

Providing consent to release information

You will also be asked to provide written consent to allow the Independent Assessor to request the release of documents and records possessed by the RCMP (without compromising confidentiality), medical practitioners, hospitals, government health authorities and other third parties to provide more information about your claim. These documents will be kept strictly confidential.

Categories of compensation

The RCMP and Merlo/Davidson Class Action Parties have agreed to six categories of compensation. The Independent Assessor will conduct a preliminary assessment of your claim once the Claim Form is received.

Interview

The Independent Assessor will decide Level 1 and Level 2 claims on the basis of the Claim Form and supporting documents only. For Level 3 to Level 6 claims, the Independent Assessor will interview the claimants.

Within 30 days of a claimant being sent the Assessor's decision of a Level 2 claim, the claimant may request that the Independent Assessor reconsider the decision if she provides reasonable grounds to show that the claim should be determined in accordance with the process applicable to Levels 3, 4, 5 and 6 claims, and if she has additional documentation or information that was not reasonably available to her before receiving the Independent Assessor's decision. A request for reconsideration form can be obtained from the Independent Assessor for that purpose. It is also available online.

As stated earlier, you may retain a lawyer; however, lawyers will not be permitted to participate in interviews. You may be accompanied to an interview by a family member, a treating health care professional or a friend to assist you.

**Deadline for submitting the Claim Form**

All completed Claim Forms, along with a photocopy of a government issued piece of photo identification and all supporting documents must be sent to the Independent Assessor within 180 days from the first publication of the court approval of the Notice of Settlement Approval, that date being August 12, 2017.

You do not need to send the Claim Form in right away, but you must send it before February 8, 2018 in order to be eligible for compensation. Any supporting documentation that is not included with the Claim Form must be submitted no later than 60 days after you have submitted your Claim Form.

In exceptional circumstances, the Independent Assessor may provide an extension. You must make a request for an extension within 100 days after the expiry of the deadline. A request for an extension can be made by obtaining from the Independent Assessor and sending a form prepared for that purpose. It is also available online.

This form must be completed and sent to the Independent Assessor, along with any additional sheets of paper, as well as a photocopy of a government issued piece of identification. If convenient, this form can be completed online on the secure server managed by the Independent Assessor. If you choose to complete it by hand, please send it back by mail and NOT by email. If the form was sent to you by mail, please use the prepaid self-addressed envelope that was provided with it. If you do not have a prepaid self-addressed envelope, please place the form along with the rest of the required material in an envelope addressed to:

Confidential Letter
Office of the Independent Assessor
130, Albert Street, Suite 1103
Ottawa (Ontario) K1P 5G4

Additional information

The Independent Assessor may consult with medical, psychiatric and human resources experts to help him in making a decision about your complaint.

There is no right to appeal or seek judicial review of the Independent Assessor's decision.

ALL CLAIMS ARE CONFIDENTIAL.



II - INSTRUCTIONS

Complete all sections of the Claim Form that apply to you by providing as much information and detail as possible. If you have supporting documents like emails or pictures, please attach those to your Claim Form or send them later if necessary, as mentioned earlier. If your Claim Form is incomplete, you will be asked to provide more details; this may delay the processing of your claim.

The information you provide in your Claim Form is a very important part of what the Independent Assessor will consider when deciding whether or not to award you compensation, and if so, the amount of the compensation. If there are differences between what is stated in the Claim Form and what is said to the Independent Assessor or elsewhere, these differences may negatively impact your claim. An explanation for these differences should be provided to the Independent Assessor.

WHEN FILLING OUT THE CLAIM FORM, REMEMBER TO:

Read all questions and requests for information carefully before answering.

If you fill in this Claim Form by hand, please write legibly and use a pen with **black ink**.

Answer all the sections of the Claim Form that apply to you. If you cannot remember an exact date, you may provide an approximate period of time. If a section or a question does not apply to you or if you do not know an answer, please write "Not Applicable" (N/A) or "Don't Know". Do not try to guess the answers, but provide as much detail as you remember.

If your Claim Form is incomplete, you will be contacted for more details. In such case, you can consult your counsel to assist in providing the required information; this may however delay the Independent Assessor's decision about whether your claim will be accepted into the Independent Claims Process. As such, please provide as much detail as possible on the Claim Form.

Use as many extra sheets of paper as you need to provide complete and detailed information about your claim while making sure to attach these extra sheets to your Claim Form. You may also write notes or draw pictures that would help you explain your claim. If you use extra sheets, please write the question number the extra sheets relate to at the top of each page, and write "see attached extra sheets" in the space provided to answer the question in the Claim Form.

Make sure you have read and signed the **Authorization** and **Direction to Release Information** form also found at the end of the Claim Form.

Make sure to read and sign the **Declaration** found at the end of the Claim Form.



AFTER FILLING THE CLAIM FORM, ALSO REMEMBER TO:

- Review all of your answers to make sure they are as complete as possible.
- Make a copy of your Claim Form for your records.

NEXT STEPS:

Providing notice of any changes: If you need to make changes to any information in your Claim Form after you have sent it to the Independent Assessor, please immediately advise the Office of the Independent Assessor in writing of these changes. Examples of important changes include a change of address and new information about your claim.

Destruction of documentation: Subject to the requirements of law, within six months of the completion of all claimant assessments and payments, the office of the Assessor will destroy all Class member information and documentation in its possession.



III - PROJECTED TIMELINE

Here is an overview of the claims process. This overview is designed to help you better understand the claims process and does not supersede the official documents. Please read these documents carefully.

DATE	CLAIMS PROCESS
<p>August 12, 2017 (First publication of the approval by the Federal Court of the Notice of Settlement Approval.)</p>	<p>Claimants have 180 days to file their claim by submitting the required forms. The forms are available on the Independent Assessor's website, or can be mailed to them.</p> <p>At all times during the process, claimants can ask for information by calling the Independent Assessor's office.</p>
<p>From August 12, 2017 to February 8, 2018 (180 day period)</p>	<p>All claimants must complete the following forms:</p> <ul style="list-style-type: none"> • Claim Form • Consent to Disclosure of Information Form • No Prior Compensation Form <p>These forms must be forwarded to the Independent Assessor before February 8, 2018. Any supporting documentation not included in the Claim Form must be forwarded no later than 60 days after the Claimant has submitted her Claim Form.</p>
<p>February 8, 2018</p>	<p>Final day on which Claim Forms can be received by the Independent Assessor.</p> <p>In certain circumstances, the Independent Assessor can grant an extension of this deadline. Claimants must then fill out the Request for Deadline Extension Form.</p>
<p>May 21st, 2018</p>	<p>Final day on which the Deadline Extension Form can be forwarded to the Independent Assessor.</p>
<p>Months following August 12, 2017</p>	<p>The Independent Assessor analyses the Claim Forms using a six-level scale agreed to by the parties to the Settlement.</p> <p>He decides compensation for Level 1 and Level 2 claims on the basis of the information provided by the claimants in the forms and accompanying documents. Level 2 claimants can also ask for reconsideration of this determination in exceptional circumstances if they so desire by filling out the Level 2 Reconsideration Form within 30 days of being sent the Assessor's decision.</p> <p>He conducts face to face interviews with claimants determined to be in Categories 3, 4, 5 and 6.</p> <p>Depending on the number of claims, and as the Independent Assessor will conduct all of the interviews personally, this process will likely require between 24 to 36 months before all claims can be processed.</p>



**PLEASE READ THE FOLLOWING
BEFORE PROCEEDING TO THE NEXT PAGE**

The following questions ask for detailed information about the gender or sexual orientation based discrimination and harassment you suffered. These questions may trigger painful memories and feelings. Because of this, we suggest that you proceed slowly and that you read and complete this form in a safe place.

We recommend that you read and complete the following pages with a support person near, such as a family member, counselor, treating health care professional, a friend, or someone else you trust.



IV - CLAIM FORM

SECTION A PERSONAL INFORMATION

You may check all relevant boxes that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> RCMP member | <input type="checkbox"/> Reserve member |
| <input type="checkbox"/> Civilian member | <input type="checkbox"/> Cadet |
| <input type="checkbox"/> Auxiliary constable | <input type="checkbox"/> Public service employee |
| <input type="checkbox"/> Special constable member | <input type="checkbox"/> Temporary civilian employee |

1 Name

First Name(s)

Last Name

Other names you are known by (for example, maiden name, nicknames)

Name while employed by the RCMP

Rank / Classification

Regimental Number/ Personal Record Identifier (PRI)

2 Mailing Address

Street name and number

Apartment number, P.O. Box or RR#

City/Village

Province/Territory

Postal Code



3 Contact information

()

Home Phone Number

Can we leave a message at this number?

 Yes No

()

Cellular Phone Number

Can we leave a message at this number?

 Yes No

Email address

Can we send you a message at this email address?

 Yes No

What is the best way to contact you?

 Home Phone Cell Phone Mail Email

4 Do you have a personal representative or a guardian?

Yes No If you have a personal representative or a guardian, please provide the following information:

Name of personal representative or guardian

Street name and number

Apartment number, P.O. Box RR#

City/Village

Province/Territory

Postal Code

()

Phone Number

Email

5 Are you represented by a lawyer?

Yes No If you have a lawyer, please provide the following information:

Name of lawyer

Street name and number

Office Number

City/Village

Province/Territory

Postal Code

()

()

Phone Number

Fax Number

Email



6	Your date of birth	_____		
		Day	Month	Year
7	Your Country & Province/State/Territory of birth	_____		
8	Your Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
9	Your Family	_____		

Current spouse's name _____ Occupation _____

Children's names

1	_____	11	_____
2	_____	12	_____
3	_____	13	_____
4	_____	14	_____
5	_____	15	_____
6	_____	16	_____
7	_____	17	_____
8	_____	18	_____
9	_____		
10	_____		

Please attach as many sheets of paper as necessary to fully answer the question

10	Do you have any health problems that you feel could prevent you from participating in the claims process if it was to be held more than six months from now?
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Yes No

If your answer is "Yes", please attach a note from a doctor confirming the nature of your health problem and the need for an accelerated consideration of your claim.



Claimant Eligibility

You must confirm you were a female or identified as a female RCMP Member, a Civilian Member or Public Service Employee who worked in the RCMP, at any time between September 16, 1974 and May 30, 2017. (For purposes of this Settlement only, *Regular Member* includes Regular Members, Special Constables, Cadets, Auxiliary Constables, Special Constable Members and Reserve Members, and *Public Service Employee* includes Temporary Civilian Employees.)

11 Please provide details confirming your service in the RCMP between September 16, 1974 and May 30, 2017. Please provide all postings with period served in each posting and rank. Please indicate the size of the detachment for each posting. Please attach all supporting documentation to this form

	Posting	From	To	Rank	Detachment Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Please attach as many sheets of paper as necessary to fully answer the question.

12 Have you started at any time a court action or a grievance or harassment complaint for compensation, including a complaint to the Canadian Human Rights Tribunal, for compensation for gender or sexual orientation based discrimination and harassment by an RCMP member as described above, male or female?

Yes No



SECTION B INFORMATION RELATED TO THE GENDER OR SEXUAL ORIENTATION BASED DISCRIMINATION AND HARASSMENT

13 Please complete the following chart with information relating to the gender or sexual orientation based discrimination and harassment you suffered while working within the RCMP. A more detailed account will be requested on the next page.

	Incident of Harassment (Briefly describe the gender or sexual orientation based discrimination and harassment and any other wrongful act that you suffered)	Approximate Date(s) of Harassment (Month(s)/Year(s))	Where did it happen?	Who Harassed You? (Name of the person, position and title of the person)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please attach as many sheets of paper as necessary to fully answer the question.



MERLO | DAVIDSON
SETTLEMENT

29 Have you received payments in respect of loss of income from any source?

Yes No

If you answered "Yes" to question 30, please provide us with details and any information regarding the dates concerning which you were compensated for loss of income, the amount, and the reason for compensation.

	Dates of income loss for which payments were received (month/year to month/year) ²	Amount of payment (indicate whether the amount is for weekly, monthly, annual, or a lump sum payment)	Reason for payment (describe the injury or condition that resulted in the payments)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please attach as many sheets of paper as necessary to fully answer the question.

² If payments are still being received, please indicate that fact and list the start date of your benefits.



DECLARATION

I, _____, from the City of _____, in the province of _____,

SOLEMNLY DECLARE:

Medical and Psychological Records and Assessments:

I confirm that I will give the Independent Assessor and his team (hereafter the “**Assessor**”) access to my medical and psychological records, and I will authorize professionals who have provided or are presently providing services to provide information to the Assessor.

Information that may be communicated to the experts retained by the Independent Assessor

I understand that my personal information, including the details about any gender or sexual orientation based discrimination and sexual harassment I allege to have suffered may be communicated to experts retained by the Independent Assessor while preserving anonymity.

Financial Loss Claims

I will provide to the Assessor all employment records that are required.

Police Records

I will provide statements made to the police and impact statements presented to the court, if I have them, and will authorize those holding the same to provide them to the Assessor if that is not the case.

Disclosure to other experts

I understand that my personal information may be disclosed to other experts by the Assessor to assist in determining the amount of my claim.

Assessor may conduct investigations

I further understand that the Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine the claim from third parties, including the RCMP. The Assessor shall put to the claimant any information which may be unfavorable to the claimant’s allegations and give her the opportunity to respond.

**Private and Confidential Process**

I agree to respect the private nature of any meeting or interview that may be conducted in this process. I will not disclose the details or existence of any witness statement I receive or anything said at the meeting or interview by any participant, except what I say myself.

Independent Assessor

I recognize that the Assessor does not represent the RCMP and is not acting as legal counsel for any party, that the Assessor does not offer legal advice or have any duty to assert or protect legal rights of any party, or to raise an issue not raised by any party. I accept that the Assessor has no responsibility regarding the conduct of parties to these proceedings.

Non-Disclosure

I further accept that as a neutral person the Assessor has no duty to ensure the enforceability or validity of any agreement reached. Should an action be commenced, I accept that the Assessor may not be called as a witness and that no document in his possession, including his own records, notes and offers of compensation can be required for disclosure. The only disclosure that will be permitted is that required by law.

Independent Process

I confirm that I have been informed of the Claims Process and understand that the Assessor is not the agent of the RCMP, that he will choose his assistants, and hire experts accepted by the parties, that he will set schedules, establish claim forms and decide independently whether each claim falls within Levels 1, 2 or within Levels 3 to 6, as set out in the court approved Settlement. He will decide on the amount of compensation to be offered according to the agreed compensation levels and distribute the funds he himself will have received from the Government of Canada. I am aware that this process is meant to be non-confrontational and that there will be no formal hearings and cross-examinations or other forms of formal litigation.

Veracity of Information in Claim Form

I confirm that all of the information provided in this Claim Form is true, whether made by me or on my behalf. Where someone has helped me with this Claim Form that person has read to me everything they wrote and included with this Claim Form, if necessary to allow me to understand the content of this completed Claim Form and any attachments to it, and I confirm that this information is true.



I ACCEPT THAT SIGNING THIS CLAIM FORM HAS THE SAME EFFECT AS IF I HAD STATED THE INFORMATION CONTAINED IN THE CLAIM FORM AND ACCOMPANYING THE CLAIM FORM UNDER OATH (OR AFFIRMATION) IN COURT.

Witness Signature

(The witness must be a Commissioner for taking affidavits or someone you personally know. The witness must see you sign the form but is not required to read the form.)

Claimant (or guardian) Signature

Print name of the witness

Date (day/month/year)

Date (day/month/year)



AUTHORIZATION AND DIRECTION TO RELEASE INFORMATION

To: Sir/Madam

From: _____
(print your name)

Date of Birth: _____

Health Card Number: _____

THIS SHALL BE your good and sufficient authority to release, disclose, and/or discuss, which includes allowing access, review, inspection, the making of copies, with the Assessor and his team at their request, all record, reports, documentation, correspondence and/or information you have under your control, whether on paper, electronically or under a different format, pertaining to :

- **Medical information:** All medical reports, records and pre-existing medication information, tests, dates or information, diagnostics, prognostics, treatment plans, treatments/medication given and/or received, etc.
- **Employment information:** All my employment files, evaluations and notes to file, all information concerning my abilities to return to work and my professional status including permission to contact my past, current or potential employer.
- **Police reports / Incident reports:** All records, including the permission to contact the agent and/or professionals involved in _____.
- **Financial information / Insurance / Pensions:** All records, claims, documentation, correspondence, declarations, applications and forms including the permission to contact any agent, representative and broker.

A photocopy or transmission of this authorization by facsimile may be accepted with the same authority as the original.

I have read the above authorization and express my consent by affixing my signature.

Witness Signature

Claimant Signature

Date