

TILLER | COPLAND | ROACH SETTLEMENT

RCMP Class Action Settlement

CLAIM FORM

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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 Assessor¹ 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 Tiller Class Action Parties. This process is directed solely to Municipal Employees, Regional District Employees, employees of non-profit organizations, volunteers, Commissionaires, Supernumerary Special Constables, consultants, contractors, public service employees, students, members of integrated policing units and persons from outside agencies and police forces who are female or publicly identify as female and who were supervised or managed by the RCMP or who worked in an RCMP controlled workplace during the Class Period and who were subjected to gender or sexual orientation based harassment and discrimination by any Regular Member, Special Constable, Cadet, Auxiliary Constable, Special Constable Member, Reserve Member, Civilian Member, Public Service Employee, Temporary Civilian Employee while working or volunteering with the RCMP.

Getting counseling, support and legal assistance

If you have any questions regarding this Claim Form or the Independent Claims Process, please call 1-844-965-0088 or email your questions to rcmpsettlement@deloitte.ca.

Throughout this Independent Claims Process, you will be asked information about the harassment and discrimination you suffered while working or volunteering with the RCMP. This Claim Form asks you to describe in detail the gender or sexual orientation based harassment and discrimination 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.

¹ Additional Independent Assessors may be appointed to assist with the interview process and make decisions regarding level 3 to 6 claims. Where reference is made to the Independent Assessor, this may include any Additional Assessor who is appointed.

Providing Completed Claim Forms

You should not complete a Claim Form if you were a Class Member in the *Merlo/Davidson* class action, the *Ross/Roy/Satalic* class action, the *Association des membres de la police montée du Québec inc., Gaétan Delisle, Dupuis, Paul, Lachance, Marc v. HMTQ* class action, or if you have already been compensated from any source for the same injury(ies) and event(s) in your Claim Form. **You must also provide a completed Certification of no Prior Compensation along with your Claim Form.**

Supporting documents

When you provide your Claim Form, it is your responsibility to also provide any relevant documents that demonstrate that you worked or volunteered with the RCMP and documents that support your harassment or discrimination 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. The Administrator must be notified that documents will be sent after the filing of the Claim Form.

Relevant documents include those that provide:

- proof that you worked or volunteered with the RCMP (including, for example, personnel file, proof of an RCMP email address, employment contract or business card indicating your workplace, or other document referencing your work or volunteer activity with the RCMP);
- information outlining your role and interactions with the RCMP;
- the details of the harassment or discrimination you experienced;
- names of any witnesses to the harassment;
- details of the injuries or harm you experienced (for example physical or psychological medical records);
- information about any complaint, grievance, Canadian Human Rights Commission complaint or workers' compensation claim, related to the harassment or discrimination; and
- details 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 Administrator or Independent Assessor to request the release of documents and records possessed by your employer or the organization for which you volunteered, the RCMP (without compromising confidentiality), medical practitioners, hospitals, government health authorities and other third parties, including the Canadian Human Rights Commission and provincial or territorial workers' compensation boards, to provide more information about your claim. These documents will be kept strictly confidential.

Any information provided, created or obtained in the settlement and Claims Process will be kept confidential, and managed in accordance with the provisions of the Settlement Agreement (refer to Paragraph 12.01, and Schedules B and D for further details).

Levels of compensation

The RCMP and Tiller Class Action Parties have agreed to six levels 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 Independent 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 prior to the expiry of 60 days following the submission of her Claim Form. 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

You do not need to send the Claim Form in right away, but you must send it along with a photocopy of a government-issued piece of photo identification, before January 12, 2021 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.

You may send a hard copy of the necessary information to the address below or, if convenient, the Claim Form can be completed online on the secure server managed by the Administrator. 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 - RCMP Class Action
Office of the Administrator, c/o Deloitte
8 Adelaide Street West, Suite 200
Toronto, ON, Canada, M5H 0A9

Additional Information about the Claims Process

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

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, please attach those to your Claim Form or send them later if necessary, as mentioned earlier. If your Claim Form is incomplete, you may 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.

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 may 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 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 to read and sign the **Declaration** found at the end of the Claim Form and that you have attached
a) a photocopy of your **government-issued piece of photo identification** as well as
b) any **supporting documentation**.

Make sure you have read and signed the **Authorization** and **Direction to Release Information** form and the **Certification of No Prior Compensation** form and have included these forms with your 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 and any attachments 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 Administrator, please immediately advise the office of the Administrator 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 Administrator and the Independent Assessor will destroy all Class member information and documentation in their 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
July 16, 2020 (Implementation Date)	<p>Claimants have 180 days to file their claim by submitting the required forms. The forms are available on the Administrator's website, or can be mailed to Claimants.</p> <p>At all times during the process, Claimants can ask for information by calling the Administrator's office.</p>
From July 16, 2020 to January 12, 2021 (180 day period)	<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 Administrator's office before January 12, 2021. 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>
January 12, 2021	<p>Final day on which Claim Forms can be received by the Administrator's.</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>
April 22, 2021	<p>Final day on which the Deadline Extension Form can be forwarded to the Administrator.</p>
Months following July 16, 2020	<p>The Independent Assessor analyses the Claim Forms using a six-level scale agreed to by the parties to the Settlement.</p> <p>The Independent Assessor 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 filing out the Level 2 Reconsideration Form within 30 days of being sent the Independent Assessor's decision.</p> <p>The Independent Assessor conducts face to face interviews with Claimants determined to be in Levels 3, 4, 5 and 6.</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 harassment and discrimination 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

Please 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.

SECTION A PERSONAL INFORMATION

You may check all relevant boxes that apply to you:

- | | |
|--|---|
| <input type="checkbox"/> Municipal Employee | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Regional District Employee | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Employee of a Non-Profit Organization | <input type="checkbox"/> Public service employee (not covered in Merlo/Davidson) |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Student |
| <input type="checkbox"/> Commissionaire | <input type="checkbox"/> Member of an integrated policing unit or an outside agency or police force |
| <input type="checkbox"/> Supernumerary Special Constable | <input type="checkbox"/> Other role while working or volunteering with the RCMP |

(state role here: _____)

Position(s)

1 Your Name

First Name(s)

Last Name

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

Name while working or volunteering with the RCMP

2 Your Mailing Address

Street name and number

Apartment number, P.O. Box or RR#

City/Village

Province/Territory

Postal Code

3 Your 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

☐ Yes ☐ No If you have a lawyer, indicate if a Direction to Pay is included with your Claim Form

Note that if you are represented by a lawyer, all communication going forward will be through your lawyer.

CLAIM FORM

6	Your date of birth		Day	Month	Year
7	Gender you publicly identified as during the time you experienced harassment and discrimination as set out in this Claim Form	<input type="checkbox"/> Female <input type="checkbox"/> Male			
8	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	19
10	20

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

9	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 Municipal Employee, Regional District Employee, employee of a non-profit organization, volunteer, Commissionaire, Supernumerary Special Constable, consultant, contractor, public service employee, student, member of an integrated policing unit or a person from an outside agency or police force, or a similarly situated individual who worked or volunteered with the RCMP, at any time between September 16, 1974 and July 5, 2019.

- 10** Please provide details confirming your work or volunteer activity with the RCMP between September 16, 1974 and July 5, 2019. **Please cover every period you worked or volunteered with the RCMP. Please indicate the size of the detachment for each location where you worked or volunteered (where applicable).** Please attach all supporting documentation to this form

	Location	From	To	Position	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.

- 11** Have you started at any time a court action, workers' compensation claim, or a grievance or harassment complaint for compensation, including a complaint to a human rights commission, for compensation for gender or sexual orientation based harassment and discrimination by an RCMP member or employee as described above, male or female, for the same injury(ies) and event(s) as set out in this Claim Form?

☐ Yes ☐ No

SECTION B

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

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

	Incident of Harassment (Briefly describe the gender or sexual orientation based harassment and discrimination 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.

13 Did you ever report the gender or sexual orientation based harassment and discrimination?
☐ Yes ☐ No

If so, please include or send within 60 days of submitting this Claim form to the office of the Administrator a copy of any documents (emails, letters, etc.) related to your reporting the gender or sexual orientation based harassment and discrimination.

14 If there was a legal proceeding as a result of you reporting the gender or sexual orientation based harassment and discrimination, did you make a victim impact statement?
☐ Yes ☐ No

If so, please include or send within 60 days of submitting this Claim form to the office of the Administrator a copy of the victim impact statement you made.

15 Please tell us your story.

For each incident of gender or sexual orientation based harassment and discrimination you listed in Question 12, please describe each in as much detail as you can:

- **Who** was the perpetrator of the gender or sexual orientation based harassing and discriminatory acts?
- **How** did it happen (circumstances leading up to the gender or sexual orientation based harassment and discrimination)?
- **What** happened (please describe the acts of gender or sexual orientation based harassment and discrimination)?
- **Was** anything said to you during the incident(s)? For example, were you threatened (if so, what was said to you)?
- **When** did the gender or sexual orientation based harassment and discrimination happen (please indicate the approximate date when the gender or sexual orientation based harassment and discrimination started)?
- **How often** did the gender or sexual orientation based harassment and discrimination happen?
- **When** did the gender or sexual orientation based harassment and discrimination stop?
- **Where** did the gender or sexual orientation based harassment and discrimination happen?
- **Did you speak with anyone** (for example, a parent, spouse, friend, etc.)?
- **Did anyone witness** the harassing and discriminatory acts?
- **Did you have any physical manifestations** (bruising, pregnancy, etc.)?

[illegible]

- 16** For each of the incidents of gender or sexual orientation based harassment and discrimination described at Question 15, please explain in your own words how the gender or sexual orientation based harassment and discrimination has affected your life. Give as much detail as possible. For example, what were the repercussions of the gender or sexual orientation based harassment and discrimination on your personal relationships, intimate relationships, and professional relationships?

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

17 Aggravating Factors

What other circumstances, if any, did you experience that worsened the effects of the harassment you suffered? Please check any aggravating factors that apply to your claim. These factors are simply examples, you can add any other aggravating factors you see as relevant in the space provided below.

- ☐ verbal abuse
 - ☐ racist acts
 - ☐ threats
 - ☐ witnessing someone else being abused
 - ☐ violence accompanying sexual harassment
 - ☐ intimidation
 - ☐ humiliation
 - ☐ degradation
 - ☐ vulnerability
 - ☐ betrayal (that is, you were harassed by an individual working within the RCMP who had a relationship of trust with you or who was in a position of authority over you)

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

18 If you are still experiencing problems that you think are related to the gender or sexual orientation based harassment and discrimination by any individual working within the RCMP as described above, please describe the problems. If you are not still experiencing any such problems, please write "N/A" in the space provided below.

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

SECTION C TREATMENT

19 Have you ever received treatment, counseling, or healing (including but not limited to counselling, hospitalization, visit to a family doctor, visit to a specialist, visit to a clinic, or non-traditional remedies) for emotional, physical or psychological effects that you think might be related to the gender or sexual orientation based harassment and discrimination committed by an individual working within the RCMP, as described above, that you suffered?

- ☐ Yes
- ☐ No
- If you answered "Yes"
i Please provide us with details in the chart below;
ii Please include any treatment you are still undergoing; and
iii Please provide us with a copy of all relevant medical and other documentation.

Describe the injury or condition requiring treatment	Describe the type of treatment received (please include the name and dosage of any medication prescribed)	When was the treatment provided? (month and year)	Who provided the treatment?	Where did you receive the treatment? (name and location of the facility or office)

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

20 Have you been treated for a similar injury or condition, not related to this claim?

☐ Yes☐ No

If you answered "Yes", please provide the name of the person who treated you, describe the injury and treatment, and provide the approximate date(s) when you received that treatment

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

SECTION D OTHER INFORMATION ABOUT YOU

21 Were you ever physically, emotionally, or sexually harassed by any person other than an individual working within the RCMP?

☐ Yes ☐ No

A - If you answered "Yes" to question 21, please advise whether you reported such physical, emotional, sexual or sexual orientation harassment to the police and whether there were/are legal proceedings (whether civil or criminal) with regard to these events.

☐ Yes ☐ No

B - If you answered "Yes" to question 21, please answer the following questions to the best of your knowledge and ability

- **Who** physically, emotionally, or sexually harassed you?
- **How** did it happen (circumstances leading up to the physical, emotional, sexual or sexual orientation harassment)?
- **What** happened (please describe the acts of physical, emotional, sexual or sexual orientation harassment)?
- **Was** anything said to you during the physical, emotional, sexual or sexual orientation harassment (For example, a threat? If so, please describe what was said)?
- **When** did it happen (please include the approximate date when the physical, emotional, sexual or sexual orientation harassment started)?
- **How often** did the physical, emotional, sexual or sexual orientation harassment happen?
- **When** did the physical, emotional, sexual or sexual orientation harassment stop?
- **Where** did the physical, emotional, sexual or sexual orientation harassment happen?
- **Did you speak to anyone about the physical, emotional, sexual or sexual orientation harassment** (for example, a parent, spouse, friend, health care professional, etc.)?

In your own words, please describe how this other physical, emotional, sexual or sexual orientation harassment affected your life, including you training and employment, in the space below:

[illegible]

[illegible]

SECTION E YOUR EDUCATION AND WORK HISTORY

22 Please provide details about your education and training.

School, college, university, or other faculty attended	Approximate dates		Grade/level reached and certificate, degree or diploma obtained
	From	To	

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

23 Please provide details about your work history not associated with the RCMP, whether it was paid or volunteer.

Name of your employer and your job title ¹	Approximate dates		Reason(s) why you stopped working for the employer or were unemployed
	From	To	

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

¹ For periods you were not employed, describe your activities during that time.

SECTION F

EFFECTS OF GENDER OR SEXUAL ORIENTATION BASED HARASSMENT AND DISCRIMINATION ON YOUR EMPLOYMENT AND CAREER

24 Do you think the gender or sexual orientation based harassment and discrimination while working or volunteering with the RCMP as described at Question 15 affected your training, employment, or ability to work?

☐ Yes☐ No

If you answered "Yes" to question 24, please provide us with details and any information regarding how the gender or sexual orientation based harassment and discrimination has affected your training, employment, or ability to work.

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

25	A. Are you currently unemployed or under-employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	B. Are you in financial difficulty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	C. Have you ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to questions 25-A, 25-B, or 25-C, please answer the following questions to the best of your ability and knowledge.

If you are currently unemployed, under-employed, experiencing financial difficulty, or bankrupt due to gender or sexual orientation based harassment and discrimination by an individual working within the RCMP, please describe how you believe the gender or sexual orientation based harassment and discrimination prevents you from working to your full capacity.

If the reason for which you are unemployed, under-employed, experiencing financial difficulty or have become bankrupt is not due to the gender or sexual orientation based harassment and discrimination described at question 15, please write "N/A" in the space provided below.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

26	Please describe any other physical or psychological injuries or conditions not related to the gender or sexual orientation based harassment and discrimination by an individual as described above working within the RCMP that:
----	--

- A. Have affected your ability to work in the past;
- B. Are currently affecting your ability to work; or
- C. May affect your work in the future.

These injuries or condition may be the result of a major event in your life, such as an accident, an assault, a divorce, the death of a loved one, etc. Please provide a description of the relevant circumstances.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

27 Please describe your future work and/or education plans.

- A. **If you are unemployed**, do you plan to return to work or have educational pursuits (please describe your plans including approximate timing of a return to work or educational/training facility);
- B. **If you are employed**, please describe whether you plan to continue at your present employment and, if not, please describe your future work/education plans (including the approximate timing of any future plans); and
- C. **If you are retired**, please describe the circumstances surrounding your retirement (the date you retired, your employer, your job title, reasons for your retirement and whether your retirement was voluntary or involuntary).

[illegible]

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

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

☐ Yes ☐ No

If you answered "Yes" to question 28, 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.

	Approximate dates of income loss for which payments were received (month/year to month/year) ²	Source of 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/Town/Village of _____, in the Province/Territory of _____,

SOLEMNLY DECLARE:

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 harassment and discrimination. 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 Administrator 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 Administrator or the Independent Assessor if that is not the case.

Administrator or Independent Assessor may conduct investigations

I further understand that the Administrator or Independent Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine the claim from third parties, including my employer or the RCMP. The Independent 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 and Administrator

I recognize that the Independent Assessor and Administrator do not represent the RCMP and are not acting as legal counsel for any of the Parties, that the Independent Assessor and Administrator do 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 Independent Assessor and Administrator have no responsibility regarding the conduct of Parties to these proceedings.

Non-Disclosure

I further accept that as neutral persons the Administrator and Independent Assessor have no duty to ensure the enforceability or validity of any agreement reached. Should an action be commenced, I accept that the Administrator, Independent Assessor, and their staff may not be called as witnesses and that no document in their possession, including their 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 Independent Assessor is not the agent of the RCMP, that he or she will choose his or her assistants, and hire experts, that he or she will set schedules, 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. The Independent Assessor will decide on the amount of compensation to be offered according to the agreed compensation levels and distribute the funds that he or she 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 Administrator or Independent Assessor and his or her team at their request, all records, 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 any incidents outlined by the Independent Assessor.
- **Previous claim information:** All records and documentation regarding previous claims for Harassment filed by the Claimant and any decisions in relation to those claims from the Canadian Human Rights Commission or any provincial or territorial workers' compensation scheme.
- **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

CERTIFICATION OF NO PRIOR COMPENSATION

DECLARATION

I, _____, from the City of

_____, in the province of _____,

SOLEMNLY DECLARE:

I HAVE NOT RESOLVED A CIVIL CLAIM, GRIEVANCE OR HARASSMENT COMPLAINT FOR COMPENSATION FOR HARASSMENT, INCLUDING A CLAIM MADE PURSUANT TO A WORKERS' COMPENSATION SCHEME OR A COMPLAINT TO A HUMAN RIGHTS COMMISSION WITH RESPECT TO THE SAME EVENT(S) AND INJURY(IES) FOR WHICH I AM MAKING A CLAIM UNDER THIS SETTLEMENT.

I understand that the Administrator or Independent Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine my certification regarding no prior compensation from third parties, including my employer, the organization for which I volunteered, the RCMP. The Independent Assessor shall put to the claimant any information that may be unfavourable to the claimant's allegations and give her the opportunity to respond.

I confirm that all of the information provided in this No Prior Compensation Form is true, whether made by me or on my behalf. Where someone has helped me with this No Prior Compensation Form, that person has read to me everything they wrote and included with this *No Prior Compensation Form*, if necessary to allow me to understand the content of this completed No Prior Compensation Form and any attachments to it, and I confirm that this information is true.

I ACCEPT THAT SIGNING THIS CERTIFICATION OF NO PRIOR COMPENSATION FORM HAS THE SAME EFFECT AS IF I HAD STATED THE INFORMATION CONTAINED IN THE CERTIFICATION OF NO PRIOR COMPENSATION FORM AND ACCOMPANYING 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)

SUBMISSION CHECKLIST

BEFORE YOU SUBMIT THIS CLAIM FORM, PLEASE ENSURE IT IS COMPLETE:

Make sure you have read and signed, and had a witness sign, the following:

- ☐ Your **Declaration** (pages 30-32)
- ☐ Your **Authorization and Direction to Release Information** form (page 33)
- ☐ Your **Certification of No Prior Compensation** form (page 34)

- ☐ Copy of your **Government-issued photo identification** (e.g. Passport, Driver's License, other)

- ☐ Copies of any **documents that support your claim unless submitting these separately**

- ☐ Indicate below if you will be submitting additional documents to the **Administrator separately, after the filing of this claim form**
 - ☐ Yes
 - ☐ No

Please send your completed Claim Form and all related documents to:

RCMP Class Action - Office of the Administrator, c/o Deloitte

Mail: 8 Adelaide Street West, Suite 200, Toronto, ON, Canada, M5H 0A9, or

Fax: 416-366-1102, or

Electronic upload: <https://rcmpsettlement-secure.ca>