

CANADIAN ARMED FORCES RACIAL DISCRIMINATION AND/OR RACIAL HARASSMENT CLASS ACTION SETTLEMENT

This Claim Form is for individuals who are or have been enrolled as Canadian Armed Forces Members at any time between April 17, 1985 and January 10, 2025, and who were subjected to Racial Discrimination and/or Racial Harassment.

It is acknowledged that some individuals may experience barriers to completing this Claim Form.

To discuss alternative methods to submit the Claim Form, please contact the Administrator at:

Call: 1-844-720-0499
Email: cafrd@deloitte.ca

If you have questions about how to complete this form, please contact **Class Counsel** at no cost to you:

Call: 1-902-420-3322
Email: forces.class.action@stewartmckelvey.com

How to submit this Claim Form:

Email: cafrd@deloitte.ca • Fax: 416-366-1102 • Mail: PO Box 7394 STN Adelaide, Toronto, ON M5C 0B8

Individual Claim Form

Canadian Armed Forces Racial Discrimination and/or Racial Harassment Class Action Settlement

DEADLINE: October 15, 2026

This Claim Form is for individuals who are or have been enrolled as Canadian Armed Forces Members at any time between April 17, 1985 and January 10, 2025, and who were subjected to Racial Discrimination and/or Racial Harassment.

About the Settlement

This Claim Form is part of a negotiated settlement reached by the parties in this class action litigation (the Settlement), which addresses individual experiences of racism within the Canadian Armed Forces (CAF).

Definitions

These definitions are an important part of the Settlement, as they define the extent to which you might be eligible to be assessed for a monetary award under the Settlement. When the terms “CAF”, “Class”, “Class Members”, “Monetary Assessment Scheme”, “Racial Discrimination”, “Racial Harassment”, and “Settlement” are used in this document, please refer back to these definitions.

The “Class”, or “Class Members”

All persons who are or have been enrolled as CAF Members at any time from April 17, 1985, and for any duration up to and including the Approval Date (January 10, 2025), and who assert that they have been subjected to Racial Discrimination and/or Racial Harassment, and who were alive as of June 6, 2024 (date the Final Settlement Agreement was executed).

“Racial Discrimination”

Any unfair treatment, adverse differentiation or bias occurring in connection with military service and involving military members (CAF or foreign), DND employees, Staff of the Non-Public Funds employees, or CAF/DND contractors, and that is based on an individual’s race, ethnicity, colour and/or Indigeneity.

“Racial Harassment”

Any conduct that is based on another individual’s race, ethnicity, colour and/or Indigeneity that is known or should reasonably be known to be offensive or cause harm - including objectionable act(s), comment(s), or display(s) that demean, belittle, or cause personal humiliation or embarrassment, and any act of intimidation or threat - occurring in connection with military service and involving military members (CAF or foreign), DND employees, Staff of the Non-Public Funds employees, or CAF/DND contractors. Harassment may be a series of incidents or one incident which has a lasting impact on the individual.

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As a component of the Settlement, and this Claim Form, it is acknowledged by CAF that:

- Racial Discrimination and Racial Harassment causes harm.
- Class Members did nothing to cause or contribute to this harm.
- Class Members deserved a safe workspace and environment within the CAF.
- Money cannot repair the Racial Discrimination and/or Racial Harassment that Class Member's suffered.
- There is no way to eliminate trauma that Class Members may experience when making a claim under the settlement. This is because Class Members will be asked to re-visit difficult and traumatic lived experiences with Racial Discrimination and Racial Harassment.

PLEASE KNOW THAT THERE ARE SUPPORTS FOR YOU THROUGHOUT THIS CLAIMS PROCESS. THOSE SUPPORTS ARE SET FORTH IN THIS CLAIM FORM, AT PART 2 BELOW.

Information you provide in this Claim Form will be kept confidential, except as indicated. Your privacy is important. Your information will not be disclosed to any of your co-workers, your supervisors, or DND/CAF leadership.

The personal information you provide, that makes its way to the Government of Canada (GOC), is governed by the Privacy Act. This collection of personal information is described in [Information about Programs and Information Holdings](#), personal information bank DNDP PU 873.

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This Claim Form is divided into 7 Parts:

Part	Details	Instructions to Claimant
Part 1: Information	Information about the claims process and how to complete the Claim Form.	For information only
Part 2: Support Services	Supports available to serving and former CAF members.	For information only
Part 3: Claimant Information	Basic contact and identification information required to process your Claim Form.	You must complete this section to submit your Claim
Part 4: Eligibility and Common Experience Payment	The Common Experience Payment seeks to recognize systemic racism in the CAF. It provides a payment without requiring Class Members to disclose information about their experience. The focus is on institutional betrayal as experienced by all racialized CAF members, without reference to specific incidents or harms.	You must complete this section to submit your Claim
Part 5: Assessment of Narrative Evidence	Part 5 is OPTIONAL and requires more information if you wish to apply for a monetary amount beyond the Common Experience Payment. The Assessment of Narrative Evidence will be based on the severity and duration of impacts due to the Class Member's personal experience of racial discrimination and/or racial harassment. It will not be based on medical diagnoses or corroborative reports.	You do not need to complete Part 5 if you do not want to share further details of your experience. But if you do wish to apply for a larger Monetary Award, YOU MUST COMPLETE PART 5.
Part 6: Veterans Affairs Canada Benefits	Information about other benefits that may be available to you from Veterans Affairs Canada (VAC).	For information only
Part 7: Certificate/ Attestation	This part is where you review and check your statements. Confirm your understanding and acceptance before signing in the Claim Form.	You must complete this section to submit your Claim

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PART 1: Information

This claim form seeks information the Administrator will need to determine your eligibility and to assess the appropriate payment, if sought.

The Assessor

Claims will be received and assessed by an independent court-appointed Administrator. The team of Assessors will be trained in Critical Race Theory and trauma informed approaches.

All the information you provide in this Claim Form will be kept confidential, except as indicated. Your privacy is important. Your information will not be disclosed to any of your co-workers, your supervisor, or DND/CAF leadership.

Please remember:

- Your Claim Form cannot be considered if it is incomplete or does not contain all the required information.
- The Assessor may ask you to provide more information if they do not have what they need to fully assess your claim.
- The information you provide on your Claim Form is a critical part of what will be considered when deciding whether you are eligible for a payment and, if so, the amount.

Required Identification

- You must submit a government-issued photo ID with your claim. Acceptable IDs include:
 - Driver's license
 - Indian Status Card (Certificate of Indian Status)
 - Passport
- Your government-issued photo ID will only be used to process your claim. It will not be used to determine your inclusion in the Class or your eligibility for any payment.
- If you do not have government-issued photo identification, please indicate on the Claims Form. The Administrator will accept two non-photo documents that collectively provide your name, date of birth and signature. Examples include:
 - Birth certificate
 - Marriage certificate
 - Social Insurance Number
 - Other government-issued identification

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Representatives of Deceased Class Members or Class Members subject to a Disability

For a person claiming on behalf of a Class Member subject to a disability, or for a Class Member's estate (deceased after June 6, 2024), they must establish that they have the legal authority to act on behalf of the Class Member or the Class Member's estate. This may include:

- Proof of Death
- Will naming the Executor or Letter of Administration
- Representative's government-issued identification
- Power of Attorney supporting documentation
- Other as necessary

Cheques will be issued in the name of the Class Member, or the estate of the Class member.

Administrator Eligibility Decision

- If your claim is eligible, the Administrator will issue an Eligibility Decision letter with information about the following:
 - Eligible Class Members will be given the opportunity to elect to participate in a Restorative Engagement process, and/or to receive a personalized letter of apology from the Chief of Defence Staff (see section below for more information).
- If your claim is denied, you can request reconsideration of the denial decision.

Restorative Engagement

- Restorative Engagement is optional. You do not need to participate, and your decision will not impact your eligibility for payment under the settlement.
- If you choose to participate, Restorative Engagement will provide you with a confidential and supportive space to share your stories. You can speak openly about your lived experiences directly with representatives of CAF (Defence Witnesses).
- Trained Restorative Practitioners will guide you through this process, ensuring your privacy, safety and well-being.
- The Restorative Engagement Team will take time to prepare you, and provide resources to help support you before, during, and after your participation.
- Restorative Engagement will recommend ways to address and prevent Systemic Racism, Racial Harassment and Racial Discrimination within CAF.

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Payments:

The Monetary Assessment Scheme provides two forms of payment:

1. Common Experience Payment:

- All eligible Class Members will receive a Common Experience Payment.
- Amount: \$5,000.
- You can apply for a Common Experience Payment and receive payment by attesting that you experienced Racial Discrimination and/or Racial Harassment and describing your racial identity.
- You do not have to share your experiences to receive this payment.

2. Assessment of Narrative Evidence:

- Decisions on this payment category will be based on your experiences and will be assessed based on consideration of the severity and duration of impacts on: personal dignity; bodily and/or emotional integrity; spiritual well-being; and/or individual relationships. The Assessors will then place your narrative into one of three levels listed below.
- Payment amount based on an Assessment of Narrative Evidence of Racism varies:
 - Level A: \$10,000
 - Level B: \$20,000
 - Level C: \$30,000
- To apply for this, you must complete Part 5 below.

You can claim in both categories, or you may only wish to claim for a Common Experience Payment. The threshold to claim each payment is different. The amounts above are reflected in the Monetary Assessment Scheme, which is an important part of the Settlement.

For those who have requested an Assessment of Narrative Evidence and completed Part 5, that assessment will be completed in accordance with the Claims Process and Appendix E, and a decision letter will be issued.

IMPORTANT: YOU DO NOT NEED TO PROVIDE ANY RECORDS OR DOCUMENTATION TO PROVE THE INFORMATION YOU PROVIDE.

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Assistance:

If you need help completing this form, you can contact a member of the Administrator's team, at no cost to you, to discuss alternative methods to submit a claim. The Administrator is also available to recommend or provide support services.

Please contact the Administrator at:

Phone: 1-844-720-0499

Email: cafrd@deloitte.ca

Website: cafrdclaims.com

If you have questions about how to complete this form or need help to describe your lived experiences, you can contact Class Counsel, at no cost to you. They know the agreement in detail and can explain any details you may wish more info on.

Please contact Class Counsel at:

Phone: 1-902-420-3322

Email: forces.class.action@stewartmckelvey.com

Website: forcesaction.com

CLAIM DEADLINE: October 15, 2026

WAYS TO SUBMIT THIS CLAIM FORM:

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PART 2: Support Services

Responding to questions contained in this Claim Form may be disturbing for you and could trigger painful memories. Please proceed at your own pace, and read and complete this form in a safe place.

If you feel anxious or unwell, reach out for support. It is understood that you may be hesitant using supports from the Government / DND / CAF. Although you do not need to use any of these resources to be eligible for Monetary Assessment under the Settlement, they are available to CAF members, should you choose to use them.

The Claims Administrator can also provide support and refer members to available services. Please contact them by telephone at 1-844-720-0499. You may use any support or resource that you choose.

You can also talk to someone you trust, like:

- Family member
- Chaplain
- Counselor
- Health care professional
- Friend or someone else

Serving CAF Members (current)

- If you are currently a serving CAF member and have concerns about the chain of command, bring your complaint to:
 - someone you trust outside of your direct chain of command;
 - a Chaplain;
 - your Health Services Unit;
 - your Primary Care Clinician; or,
 - your Sick Parade.
- To report inappropriate behavior, you may access the **Conflict Complaint and Management Services**. This is a system which combines the harassment, grievance and alternative dispute resolution systems in a streamlined fashion, and is accessible online, at [Conflict Solutions and Services: Contact us for help - Canada.ca](#)
- You may also consider reporting serious incidents to the Military Police or local police service.

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Serving CAF Members:

You may call Member's Assistance Service at 1-800-268-7708

The Member's Assistance Service provides support for issues that affect your well-being, including:

- marital and family
- interpersonal relations
- personal and emotional
- stress and burn-out
- work-related, including harassment and sexual assault
- alcohol, drugs and prescription drugs
- any other concern that affects or could affect your personal well-being

You may also consider informing your chain of command of any incident of racial harassment/ and or racial discrimination. This will trigger additional support and protection. The chain of command is responsible for ensuring the wellbeing of their subordinates and for responding promptly and decisively to all incidents of racial harassment and/or racial discrimination. They can provide support and guidance on how to proceed.

Former CAF members:

Former members, their families, and caregivers can call the Veterans Affairs Canada (VAC) Assistance Service at **1-800-268-7708**

For access to free, 24/7 support from a mental health professional. You do not need to be receiving other services from Veterans Affairs Canada to receive this service.

The VAC Assistance Service provides support for issues that affect your well-being. These could include:

- Work-related issues
- Health concerns
- Family and marital problems
- Psychological difficulties
- Bereavement
- Other problems that affect your well-being

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PART 3: Claimant Information (Required)

Claimant Name (Required)		
The contact information you provide below will be used to send any communication from the Administrator and any cheque that may be issued to you.		
Current Legal First Name:		
Current Middle Name (Optional):		
Current Legal Last Name:		
Other names: <i>Please also provide all previous names, pre-married names, or names used while a member of the Canadian Armed Forces.</i>		
Preferred honorific (Mr., Ms., Mx., etc.):	Date of Birth (YYYY/MM/DD):	
<input type="checkbox"/> Attach government issued identification (Required)		
Claimant Contact Information (Required)		
Mailing Address:		City/Town:
Province/Territory:	Postal / Zip Code:	Country:
Daytime Telephone Number:		Evening Telephone Number:
Preferred Method of Contact:		
<input type="checkbox"/> Daytime Telephone Number	<input type="checkbox"/> Evening Telephone Number	<input type="checkbox"/> Mail
If Deceased or subject to disability (attach supporting documentation, see page 5):		
Class Member's Date of Death/Disability	Name of Personal Representative:	Telephone number of Personal Representative:
CAF Service Information (Required)		
<input type="checkbox"/> Currently serving in the CAF		<input type="checkbox"/> Formerly a member of the CAF
Last/current CAF unit:	Date(s) you joined CAF:	Date(s) you released from CAF (if applicable):
CAF service number (if known):	Social Insurance Number (If CAF service number is not known):	

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PART 4: Eligibility and Common Experience Payment (Required)

1. Claimant's Declaration Regarding Eligibility for Common Experience Payment

Based on the definitions noted on the first page of this Claim Form, do you swear (or solemnly affirm) that:

- I have experienced Racial Discrimination and/or Racial Harassment while serving in the CAF at any point since April 17, 1985

2. Your Racial Identity

Please indicate your racial identity. The Administrator will determine your eligibility based on your description.

YOU MUST COMPLETE AT LEAST ONE OF SECTIONS A, B, OR C, BUT YOU MAY COMPLETE MORE THAN ONE SECTION.

YOU MAY WISH TO COMPLETE SECTION C, IF YOU DO NOT WISH TO ENGAGE IN A "BOX-TICKING" EXERCISE. YOU MAY ALSO WISH TO COMPLETE SECTION C, IN ADDITION TO SECTION A AND/OR B, IF YOU WISH TO PROVIDE FURTHER INFORMATION ABOUT YOUR RACIAL IDENTITY.

a) INDIGENOUS PERSONS

For the purpose of this Claim Form, the term "Indigenous" means a person who is First Nations, Inuit, or Métis.¹

¹ [Statistics on Indigenous peoples \(statcan.gc.ca\)](https://www150.statcan.gc.ca/n1/pub/92-627-x/2018001/article/00001-eng.htm)

- I identify as an Indigenous person

Optional:

- First Nation *optional to specify:* _____
- Inuk (Inuit) *optional to specify:* _____
- Métis *optional to specify:* _____

b) RACIALIZED PEOPLES

The concept of "racialized people" is based on the visible minority variable in the Canadian census (Statistics Canada, 2023). The [Employment Equity Act](#) defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour."²

² See [Changing Demographics of racialized people in Canada](#) - Stats Can, 23 August 2023. "The racialized population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Arab, Latin American, Southeast Asian, West Asian, Korean and Japanese. Statistics Canada is currently reviewing the visible minority concept. For details see [Visible minority concept consultative engagement.](#)"

Please declare below all the racialized groups that you belong to:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> Japanese | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> West Asian |
| <input type="checkbox"/> East/Southeast Asian | <input type="checkbox"/> Latino/Latina/Latinx | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Middle Eastern | |

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PART 4 cont'd: Eligibility and Common Experience Payment

c) OPEN DESCRIPTION OF IDENTITY

- If you do not identify with one of the racial identity categories listed at section A and/or B above, please describe your racial identity below. Your racial identity may include your cultural and ethnic origin
- Or, if you would like to provide more detail about your racial identity in addition to the choices in Section A and/or B, you may include further information here.

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PART 5: Assessment of Narrative Evidence (Optional)

As noted above, this Part 5 is OPTIONAL. You only need to complete this if you wish to apply for a monetary amount beyond the Common Experience Payment (Part 4).

You do not need to complete this Part 5 if you do not want to share further details of your experience. **But if you do wish to apply for a larger monetary amount, beyond the Common Experience Payment, YOU MUST COMPLETE THIS PART.**

Please read all questions and requests for information carefully before answering.

If possible, please ensure that you are in a safe space and have the time you need to complete the Claim Form. Consider typing your answers in a word processing document and copy/paste your answers here. This will allow you to save your progress and review your answers before submitting your Claim Form.

If you use extra sheets to provide detailed information, please do the following:

- Write the question number at the top of each sheet.
- Indicate “see attached extra sheets” in the space provided to answer the question in the Claim Form.
- Please make sure to submit those extra sheets with your Claim Form.

You may keep a copy of your Claim Form for your records, if you wish. This is not required.

Please be aware that describing your experiences can be painful, triggering, and retraumatizing. If you need emotional support or help at any point, please use the supports that are mentioned in Part 2.

Description of Your Impacts

If you wish to apply for an additional payment beyond the Common Experience Payment, you must provide a narrative of your experience with racism within the CAF.

Please note:

- A description of your experiences of racism while in the CAF is required.
- The assessment will focus on the severity and duration of the described impacts.
- An assessor will read and assess the information you provide, and decide which category applies to your claim.

Important: Your narrative should describe how Racial Discrimination and/or Racial Harassment has impacted you in areas such as:

- personal dignity
- bodily and/or emotional integrity
- spiritual well-being
- individual relationships (all as defined below)

You do not need to address each of these four factors, but the more detailed you are the better, as these details will help assess your claim.

IMPORTANT: THE ASSESSMENT IS NOT BASED ON MEDICAL DIAGNOSES OR CORROBORATIVE REPORTS, AND THEY ARE NOT REQUIRED.

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MONETARY ASSESSMENT SCHEME - CRITERIA

Level A	Level B	Level C
Disruption to: <ul style="list-style-type: none"> • Personal Dignity, and/or • Bodily and/or Emotional Integrity, and/or • Spiritual Well-Being, and/or • Individual Relationships persisting for a duration of at least one month.	<u>Significant</u> disruption to: <ul style="list-style-type: none"> • Personal Dignity, and/or • Bodily and/or Emotional Integrity, and/or • Spiritual Well-Being, and/or • Individual Relationships persisting for a duration of at least six months.	<u>Severe</u> Disruption to: <ul style="list-style-type: none"> • Personal Dignity, and/or • Bodily and/or Emotional Integrity, and/or • Spiritual Well-Being, and/or • Individual Relationships persisting for a duration of at least two years.

Please describe if you have experienced impacts on any of the following attributes due to racial discrimination and/or racial harassment, and for **how long**.

PERSONAL DIGNITY (Examples: identity, belonging, inclusion, development, opportunity, advancement, faith in leadership, institutional response)

BODILY AND/OR EMOTIONAL INTEGRITY (Examples: memory, reaction, concentration, affect, self-worth, stress, fear, vigilance, drug consumption, alcohol consumption, fitness, blood pressure, sleep)

SPIRITUAL WELL-BEING (Examples: spirituality, religious practice, faith in humanity, connection to meaning in life)

INDIVIDUAL RELATIONSHIPS (Examples: relationship with romantic partner, relationship with children, relationship with family members, relationship with friends, relationship with elders, relationship with community)

IMPORTANT: IF YOU CHOOSE TO IDENTIFY ANY WITNESSES OR OTHER INDIVIDUALS IN YOUR NARRATIVE, THEY WILL NOT BE CONTACTED OR QUESTIONED.

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PART 6: Veterans Affairs Canada Benefits

It is understood that you may be hesitant using supports from the Government / DND / CAF. Although you do not need to use any of these resources to be eligible for Monetary Assessment under the Settlement, they are available to CAF members, should you choose to use them.

While the purpose of this Claim Form is tied to the Settlement itself, we want you to be aware of other benefits that may be available to you from Veterans Affairs Canada (VAC).

You may be entitled to VAC Disability Benefits if you are suffering from a disability resulting from a service-related injury or disease. This support is separate from the Settlement.

You can learn more about these benefits on VAC's website at: <http://www.veterans.gc.ca/eng/services/afterinjury/disability-benefits>.

You can also contact Veterans Affairs Canada by phone at **1-866-522-2122** (toll-free), Monday to Friday, 8:30 to 16:30, local time.

The staff at any VAC office, CAF Transition Centre or Service Canada office can assist you in person with getting information or making an application. Service Officers with The Royal Canadian Legion or The War Amps of Canada can also assist you with your application, including helping you get all of the information you need to support your application.

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PART 7: Certificate/Attestation (Required)

Your signature confirms your understanding and acceptance of the following:

I understand that the Administrator will disclose my name, my date of birth, my CAF service number or my social insurance number (as the case may be) and the date of my release (as applicable), to the Government of Canada for the purpose of verifying my service.

The Information you provide will not be disclosed to your co-workers, supervisors, or DND/CAF leadership.

I recognize that the Administrator and the Assessors do not represent the CAF and are not acting as agent or legal counsel for any party, and that they 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 understand that I have access to legal advice through Class Counsel and that I may contact them to seek assistance when submitting a claim.

I confirm that if 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.

By signing below, I swear (or solemnly affirm) that the information provided in all parts of this Claim Form is true to the best of my knowledge. I understand that membership in the Class is limited to individuals who have personally experienced Racial Discrimination and/or Racial Harassment while serving in the CAF at any point since April 17, 1985, as those terms are defined on the first page of the Claim Form.

Claimant Name (Printed): _____

Claimant signature: _____

Date: _____

Witness Name (Printed): _____

Witness Signature _____

Date: _____

The Witness must only see the Claimant sign this page. They are not required to read the Claim nor to verify the accuracy of the events.

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