

## CONFIDENTIAL CLAIM FORM

This claim form is also available at <https://leducclassaction.com> and can be filled in electronically and submitted there as well.

This Claim Form is for current or former employees of the City of Leduc who suffered sexual assault, sexual harassment and discrimination based on sex or gender while employed at Leduc.

The claims process is intended to provide just compensation for meritorious claims and to ensure that claims are properly, fairly, and expeditiously assessed based on the information you provide, while also preventing fraud or abuse.

The Claim Form and claims process are part of an out-of-court Settlement. The Settlement Agreement explains who is eligible to receive financial compensation and participate in a Restorative Engagement Program and/or provide a Victim Impact Statement. You can find a copy of the Settlement Agreement at <https://leducclassaction.com>.

We will keep all the information you provide in this Claim Form confidential. Your privacy is important. We will not disclose your information to any of your co-workers, your supervisor or Leduc leadership, except as required by law. As part of the settlement, Leduc has also agreed to ensure that there is no retaliation against women who participated in the lawsuit or who make claims. If you experience any retaliation, please contact Class Counsel at Burnet, Duckworth & Palmer LLP at the following email addresses:

- Robert Martz at [rmartz@bdplaw.com](mailto:rmartz@bdplaw.com),
- Sydney Black at [sblack@bdplaw.com](mailto:sblack@bdplaw.com), or
- Alanna Wiercinski at [awiercinski@bdplaw.com](mailto:awiercinski@bdplaw.com).

Claims for compensation will be received and assessed by Class Counsel and Leduc Counsel and where necessary, by an independent Assessor. They will consider your information and decide whether you are eligible for compensation and if so, how much.

Please read all the instructions and carefully complete the Claim Form so that your claim can be assessed as quickly as possible.

If you have any questions regarding this Claim Form or the Claims Process, please Class Counsel at Burnet, Duckworth & Palmer LLP at the following email addresses: Robert Martz at [rmartz@bdplaw.com](mailto:rmartz@bdplaw.com), Sydney Black at [sblack@bdplaw.com](mailto:sblack@bdplaw.com), or Alanna Wiercinski at [awiercinski@bdplaw.com](mailto:awiercinski@bdplaw.com).

### **What if I want counselling and support through this process?**

Throughout this claims process, you will be asked information about discrimination and sexual misconduct. This Claim Form asks you to describe these events and how they have affected you.

Responding to questions in this Claim Form may be disturbing and trigger painful memories. We suggest that you proceed slowly and that you read and complete this form in a safe place. 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.

Resources that you can contact for assistance include:

- If suicide is a possibility, call 911
- Talk Suicide Canada: [\(833\) 456-4566](tel:833-456-4566)
- Alberta Mental Health Help Line: [1 \(877\) 303-2642](tel:1-877-303-2642)
- Alberta Addictions Helpline: [1 \(866\) 332-2322](tel:1-866-332-2322)
- Distress Line (Edmonton and area): [\(780\) 482-4357](tel:780-482-4357)
- Distress Centre (Calgary and area): [\(403\) 266-4357](tel:403-266-4357)
- Distress Line of South Western Alberta: [\(403\) 327-7905](tel:403-327-7905)
- First Nations and Inuit Hope for Wellness Help Line: [1 \(855\) 242-3310](tel:1-855-242-3310)
- Kids Help Phone: [1 \(800\) 668-6868](tel:1-800-668-6868)
- Rural Distress Line: [1 \(800\) 232-7288](tel:1-800-232-7288)
- For LGBTQ2S+ support, please visit our [LGBTQ2S+ resources page](#).
- 211 is here to help you find the right community and social services. You can dial 2-1-1 to speak to an Information & Referral Specialist, or search the [online](#) community resource directory, or chat online with them from 12-8pm MT daily.

### **What if I need help Completing this form or have other questions?**

If you need help completing the form or have any further questions, Class Counsel are available to help you free of charge. You can reach Class Counsel by emailing class counsel at Burnet, Duckworth & Palmer LLP at the following email addresses: Robert Martz at [rmartz@bdplaw.com](mailto:rmartz@bdplaw.com), Sydney Black at [sblack@bdplaw.com](mailto:sblack@bdplaw.com), or Alanna Wiercinski at [awiercinski@bdplaw.com](mailto:awiercinski@bdplaw.com).

If you decide to consult another lawyer, you will be responsible for any fees they charge.

### **How do I submit the Claim Form?**

Claims must be submitted by August 4, 2024.

Claim forms can be submitted online at <https://leducclassaction.com>. They can also be submitted, along with a photocopy or scanned copy of a government-issued piece of photo identification, any additional sheets of paper or electronic attachments and all supporting documents by email to [leducclassaction@bdplaw.com](mailto:leducclassaction@bdplaw.com) or by regular mail to Leduc Class Action, c/o Burnet, Duckworth & Palmer LLP, 2400, 525 8<sup>th</sup> Ave SW, Calgary, AB, T2P 1G1.

In exceptional circumstances, a claim may be considered that is received up to 60 days after the deadline referred to above.

## INSTRUCTIONS

Please indicate at the top of page 1 of the Claim Form whether you are interested in participating in the Restorative Engagement program or providing a victim impact statement. **Please ensure that you complete all sections of the Claim Form that apply to you.**

**Financial Compensation:** You can apply for one, two or all three Categories of compensation. You can be awarded compensation from all three (3) Categories of compensation for the same incident(s) if you meet the criteria for each Category of compensation (A+B+C).

**Restorative Engagement:** You may request to participate in a program of restorative engagement, that has been designed to allow Class Members to share their experiences of sexual harassment, sexual assault, and/or discrimination with senior Leduc management. The aim is to allow Class Members to be heard and acknowledged, to contribute to culture change by increasing awareness and understanding of the experiences of Class Members and to begin the process of restoring the relationship between Class Members and Leduc. Participation in restorative engagement will be completely voluntary and will include an external facilitator.

It is your choice whether you participate in Restorative Engagement and your decision will not impact your claim for financial compensation.

### **Victim Impact Statements**

You may also request to provide a victim impact statement. Individuals that suffered harm from discrimination, sexual harassment, or sexual assault while employed at Leduc may also provide victim impact statements that may be read out at a closed session of City Council. The intent is to foster healing and to provide a venue for individuals to communicate their experiences.

It is your choice whether you provide a victim impact statement will not impact your claim for financial compensation.

### **When filling out the Claim Form, remember to:**

- Read all questions and requests for information carefully before answering.
- Write clearly and legibly.
- Answer all the sections of the Claim Form that apply to you. Depending on your circumstances, you may be entitled to compensation under all three Categories (A, B1 or B2, and C).
- If you can't remember an exact date or precise details, provide as much information as possible.
- You are not required to provide the names of people involved or witnesses if you are not comfortable doing so. Any witness you identify will not be contacted or questioned as to why the witness may have failed to report the incident.
- If a section or a question does not apply to you or if you do not know an answer, please write "Not Applicable" or "Don't Know". Do not try to guess the answers.
- Use as many extra sheets of paper as you need to provide complete and detailed information about your claim while making sure to submit those extra sheets with your Claim Form.

- If you use extra sheets, please write the question number that 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 Consent to Disclosure and Release of Records and Certification/Attestation portions of the Claim Form.

**After completing 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.

If you need to make changes to any information in your Claim Form after you have sent it to the Administrator, please do so as soon as possible. Examples of important changes include a change of address, corrections to any information provided, or any new information about your claim.

If your Claim Form is incomplete or does not contain all of the required information, we may contact you for more details. The information you provide in your Claim Form is a very important part of what will be considered when deciding whether to award you financial compensation, and if so, the amount of the compensation.

Again, if you have any questions, please contact class counsel at Burnet, Duckworth & Palmer LLP at the following email addresses: Robert Martz at [rmartz@bdplaw.com](mailto:rmartz@bdplaw.com), Sydney Black at [sblack@bdplaw.com](mailto:sblack@bdplaw.com), or Alanna Wiercinski at [awiercinski@bdplaw.com](mailto:awiercinski@bdplaw.com).

## CLAIM FORM

<input type="checkbox"/>	I am a current or former Leduc employee who has experienced sexual assault, sexual harassment or discrimination based on sex or gender while employed at Leduc.
<input type="checkbox"/>	I wish to apply for compensation.
<input type="checkbox"/>	I wish to be contacted by Class Counsel for more information about Restorative Engagement.
<input type="checkbox"/>	I wish to be contacted by Class Counsel for more information on making a Victim Impact Statement.

### Section I: Name and Contact Information

Any communication from Class Counsel or the Assessor and any cheque for compensation will be sent to you based on the contact information you provide below.

Full name:	
Other names: Please also provide all previous names, pre-married names, nicknames, or names used while employed by Leduc.	
Preferred name:	
Date of birth:	
Are you currently employed by Leduc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did you begin your employment with Leduc?	
If applicable, when did you cease employment with Leduc?	
What was your job(s) at Leduc?	
Mailing address:	
City/Town:	
Province/Territory:	
Country:	

Postal Code:	
Daytime telephone number:	
Evening telephone number:	
Email address:	
What is the best way to contact you:	

**Claim by Legal Representative if Claimant is Deceased or Otherwise Incapable of Submitting Claim**

If you are making a claim on behalf of a claimant as their legal representative, check this box:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Representative name:	
Representative's relationship to claimant:	
If the claimant has died, check this box:	Yes <input type="checkbox"/>
If the claimant has died, what is the date of death?	

If you are acting on behalf of a claimant as their legal representative, you must attach documentation to verify your eligibility to act on the claimant's behalf, such as a will or Order appointing you as the Estate Executor.

Attached are the following documents verifying my eligibility to act on behalf of the claimant:

---



---

**Section II: Consent to Disclosure and Release of Records**

I understand that in order to process my claim it may be necessary for my personal information that is in the possession of Leduc to be disclosed to Class Counsel, Leduc Counsel at Brownlee LLP, or the Assessor.

I understand that by signing this application and submitting it to the claims process that I am consenting to the disclosure of my personal information to Class Counsel, Leduc Counsel at Brownlee LLP, or the Assessor in accordance with the Settlement Agreement.

I also understand that in the event that counsel reasonably believe that the claim is fraudulent or the Claimant has made intentional errors or omissions that would materially affect the compensation to be awarded to the Claimant, I will be contacted and advised of such and a further investigation of my claims may occur. I also understand that in such circumstances Class Counsel or Leduc Counsel at Brownlee LLP may request further information from myself or Leduc in support of my claim, but that Class Counsel or Leduc Counsel at Brownlee LLP will not make such a request to Leduc without notice to me.

NOTE: This information will not be disclosed, except as required by law, to your co-workers, supervisors or Leduc leadership.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Section III: COMPENSATION**

#### **COMPENSATION CATEGORIES**

The Settlement has three categories of compensation, Category A, Category B and Category C. Compensation under these categories is cumulative. This means that, you can apply for one, two or three categories of compensation and can be awarded compensation from all three categories of compensation for the same incident or injuries if you meet the criteria for each Category of compensation (A+B+C). The criteria to qualify under each Category are set out in the Settlement Agreement and are explained below.

You are only permitted to include incidents that related to your employment at Leduc. This includes incidents that you experienced in the Leduc workplace. The Leduc workplace may include anywhere where Leduc provided services or where sanctioned events or events approved by someone with authority at Leduc approved. This may also include incidents outside of the Leduc workplace that involved other Leduc employees depending on the context.

#### **Compensation Category A**

To be eligible for compensation under **Category A**:

- you must have been a woman;
- you must have experienced a harmful effect from having personally seen, heard or experienced sexual harassment or gender-based discrimination connected to your employment with Leduc; and
- these experiences must have occurred between January 1, 2002 and July 4, 2023.

Gender Discrimination means practices or attitudes which have the effect of limiting employment conditions or opportunities because you are a woman and includes sexual harassment.

**I have seen, heard, or experienced (check all of the boxes that apply to you):**

<b>REPEATED INCIDENTS</b>	<b>YES</b>		<b>NO</b>	
Repeated sexual jokes or repeated inappropriate sexual comments about my appearance or body, or someone's appearance or body	<input type="checkbox"/>		<input type="checkbox"/>	
Repeated unwanted sexual attention	<input type="checkbox"/>		<input type="checkbox"/>	
Repeated pressure from the same person for dates or sexual relationships	<input type="checkbox"/>		<input type="checkbox"/>	
<b>OTHER INCIDENTS</b>	<b>Once</b>		<b>More than once</b>	
Inappropriate discussion about my sex life, or someone else's sex life	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Being sent or shown sexually explicit messages or materials like photos or videos, or being directed to view those materials online	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indecent exposure or inappropriate display of body parts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unwelcome physical contact of a sexual nature	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Suggestions that a woman doesn't act the way a woman is supposed to act	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Myself or someone else being insulted, mistreated, ignored, or excluded because they are a woman.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments that myself or someone else is either not good at a particular job or should be prevented from having that job because they are a woman.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Being prevented from having a particular job or an opportunity because I am a woman.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other forms of sexual harassment or gender-based discrimination.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Description of the Harm Caused by the Incidents Described Above:**

In order to qualify for compensation under **Category A**, you must have been harmed by the acts identified above. This harm may include such things as:



- avoiding or wanting to avoid specific people at work;
- staying or wanting to stay away from specific locations;
- avoiding or wanting to stay away from certain situations or life circumstances (e.g. becoming pregnant or applying for a certain promotion);
- feeling offended, demeaned or undervalued;
- made to feel mentally or physically threatened; or
- a violation of your dignity or personal autonomy.

In the space below, please provide a brief description of the incident or incidents and how they have affected you. This is meant to be a short description. For example, it may be sufficient to write that you were offended by the incident or incidents, or that it was a violation of your dignity. Please note you are not required to provide the names of people involved or witnesses if you feel uncomfortable doing so, although it could make the assessment of your claim more difficult to establish without this information.

---



---



---



---

If you need more room, please attach additional sheets which indicate which Section they correspond to and check this box .

### **Compensation Category B**

Category B provides compensation for:

- Targeted, ongoing or severe sexual harassment;
- Sexual assault in the form of unwanted sexual touching;
- Sexual activity where no consent or unable to consent, sexual activity includes any activity that was done for a sexual purpose; or
- Sexual attack.

**You may apply under this section even if you have also applied under Category A.**

1. **Sexual harassment** means:

- A. Inappropriate verbal or non-verbal sexual communication, including but not limited to: sexual jokes, unwanted sexual attention, inappropriate sexual comments, or inappropriate discussions about sex life; or
- B. Exposure to sexually explicit materials, including but not limited to: having sexually explicit materials displayed, showed or sent to the claimant, or taking and/or posting inappropriate or sexually suggestive photos or videos of the claimant without consent; or

- C. Physical contact or sexual relations, including but not limited to: indecent exposure or inappropriate display of body parts, pressure from the same person for dates or sexual relationships, unwelcome physical contact or getting too close, or offering workplace benefits for engaging in sexual activity or being mistreated for not engaging in sexual activity.

2. **Examples of Sexual Harassment include, but are not limited to:**

- A. Repeated sexual jokes or repeated inappropriate sexual comments about the Claimant's appearance or body, or someone's appearance or body;
- B. Repeated unwanted sexual attention;
- C. Inappropriate discussion about the Claimant's sex life, or someone else's sex life;
- D. Being sent or shown sexually explicit messages or materials like photos or videos, or being directed to view those materials online;
- E. Indecent exposure or inappropriate display of body parts;
- F. Repeated pressure from the same person for dates or sexual relationships;
- G. Unwelcome physical contact of a sexual nature;
- H. Suggestions that a woman doesn't act the way a woman is supposed to act;
- I. The Claimant or someone else being insulted, mistreated, ignored, or excluded because they are a woman;
- J. Comments that the Claimant or someone else is either not good at a particular job or should be prevented from having that job because they are a woman; or
- K. being prevented from having a particular job or an opportunity because the Claimant is a woman.

For Category B, the sexual harassment must be either targeted, ongoing or severe.

- A. **Targeted** sexual harassment means sexual harassment that is directed, or perceived to be directed, at the claimant.
- B. **Ongoing** sexual harassment means sexual harassment that is repeated over time, rather than a single, isolated incident.
- C. **Severe** sexual harassment means sexual harassment that has a lasting impact, or significant short-term impact, on the claimant.

3. **Sexual assault in the form of unwanted sexual touching** means where you have been touched against your will in any sexual way. This includes unwanted sexual touching or grabbing, kissing and fondling.
4. **Sexual activity where no consent or unable to consent** means where someone has subjected you to a sexual activity, which means any activity that has a sexual purpose, to which you did not, or were not able to, consent. Situations where you were unable to consent may include where you were drugged, intoxicated, manipulated, or coerced or forced in other ways.
5. **Sexual attack** means where someone has forced you or attempted to force you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way.

Please indicate if you experienced any of the below conduct.

<b>Inappropriate verbal or non-verbal sexual communication</b> , including but not limited to: sexual jokes, unwanted sexual attention, inappropriate sexual comments, or inappropriate discussions about sex life.	Yes <input type="checkbox"/> Targeted <input type="checkbox"/> Ongoing <input type="checkbox"/> Severe <input type="checkbox"/>	No <input type="checkbox"/>
<b>Exposure to sexually explicit materials</b> , including but not limited to: having sexually explicit materials displayed, showed or sent to the claimant, or taking and/or posting inappropriate or sexually suggestive photos or videos of the claimant without consent.	Yes <input type="checkbox"/> Targeted <input type="checkbox"/> Ongoing <input type="checkbox"/> Severe <input type="checkbox"/>	No <input type="checkbox"/>
<b>Physical contact or sexual relations</b> , including but not limited to: indecent exposure or inappropriate display of body parts, pressure from the same person for dates or sexual relationships, unwelcome physical contact or getting too close, or offering workplace benefits for engaging in sexual activity or being mistreated for not engaging in sexual activity.	Yes <input type="checkbox"/> Targeted <input type="checkbox"/> Ongoing <input type="checkbox"/> Severe <input type="checkbox"/>	No <input type="checkbox"/>
<b>Sexual assault in the form of unwanted sexual touching</b>  Has anyone touched you against your will in a sexual way? This includes unwanted sexual touching or grabbing, kissing and fondling.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<p><b>Sexual activity where no consent or unable to consent</b></p> <p>Has anyone subjected you to a sexual activity, which means any activity that has a sexual purpose, which you did not, or were not able to, consent to, including where you were drugged, intoxicated, manipulated, or coerced or forced in other ways?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p><b>Sexual Attack</b></p> <p>Has anyone forced you or attempted to force you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

**Description of the Incidents Identified Above:**

In order to receive compensation under the Settlement, you must describe the experience(s) identified above. Provide as many details as possible to describe the experience(s), which may include:

- what happened;
- when it happened (with dates as specific as possible);
- where it happened; and
- how often it happened.

Please note that you are not required to provide the names of witnesses if you are not comfortable doing so.

---



---



---



---

If you need more room, please attach additional sheets or electronic documents and indicate to which Section they correspond and check this box .

**Description of the Harm Caused by the Incidents Described Above:**

The amount of compensation you may receive for Category B depends on the type of sexual harassment or assault you sustained and the level of harm you experienced. For Category B, the settlement groups harm into three levels:

1. **Low Level Harm: Violation of Dignity or Personal Autonomy**

Physical, emotional or psychological harm that may manifest through distress, embarrassment, humiliation, degradation, anxious or depressive symptoms, loss of self-esteem, mistrust, difficulty sleeping, or self-imposed isolation or comparable indicia.

2. **Medium Harm: Emotional Disturbance Arising from Violation or Dignity of Personal Autonomy**

Moderate physical, emotional or psychological harm that may manifest itself through any of the indicia listed under Low Harm (above) experienced over a sustained period or any of the following indicia: insomnia, impaired ability to maintain or engage in social or romantic relationships, short term abuse of alcohol or drugs, cognitive impairments such as concentration, attention or memory deficiency, or under-employability or comparable indicia.

3. **High Harm: Significant Emotional Disturbance Arising from Violation of Dignity or Personal Autonomy**

Significant physical, emotional or psychological harm extending over a period of at least one (1) year which may manifest itself through two or more of the indicia listed under Low or Medium Harm (above) or any of the following indicia: through long term abuse of alcohol and/or drugs, suicidal ideation or a suicide attempt, homelessness, petty criminality, under-employability or psychiatric care or comparable indicia.

In the space below please describe the harm caused by the experiences identified above. Provide as many details as possible to describe the experiences, which may include:

- the impact these incidents have had on your personal dignity, emotional health/well-being and sense of self-worth;
- the nature, duration, and severity of the physical or psychological injury;
- the nature and duration of any financial impacts occasioned by the harm or injury;
- medical or other treatment arising from the injury or harm, and the costs of that treatment.

---

---

---

---

If you need more room, please attach additional sheets which indicate to which Section they correspond and check this box .

**Compensation Category C**

**Category C** provides for additional compensation (an "**Enhanced Payment**") for claimants who experience(d) PTSD or other diagnosed mental injuries or physical injuries directly from sexual assault or sexual harassment.

In order to qualify for an Enhanced Payment:

- you must have experienced an act that qualified under Category B; and
- you must have a diagnosed mental or physical injury and a medical record confirming your diagnosis.

**You may apply under this section even if you also applied under Category A and/or Category B.**

The amount of compensation you may receive for Category C depends on the type and level of harm you experienced. For Category C, the settlement groups harm into three levels:

1. **Significant physical or psychological harm**, extending over a period of six months or more, including but not limited to a mild mental disorder which may manifest itself through the following: anxious or depressive symptoms, loss of self-esteem, mistrust, insomnia, nightmares, self-imposed isolation, short term periods (months) of abuse of alcohol and/or drugs and/or impaired ability to maintain or engage in social or romantic relationships or comparable indicia.
2. **Significant and lasting physical or psychological harm**, extending over a period of at least a year, including but not limited to a moderate mental disorder that may or may not be medically monitored and which may manifest itself through any of the symptoms listed under Low Harm (above) and/or through long term abuse of alcohol or drugs (years), suicidal ideation or a single suicide attempt, paranoia, cognitive impairments such as concentration, attention or memory deficiency, brief episode of homelessness, petty criminality, under-employability, psychiatric care or hospitalization of short duration (days) or comparable indicia.
3. **Significant and lasting physical or psychological harm**, extending over several years, including but not limited to a severe mental disorder which may manifest itself through any of the symptoms listed under Medium harm (above) and/or through several years of abuse of alcohol and/or drugs, two or more suicide attempts, psychotic symptoms such as hallucinations or delirium, prolonged homelessness, criminality, unemployability or prolonged under-employability, psychiatric care or hospitalization of extended duration (weeks or months ) or comparable indicia.

To determine if you qualify for an Enhanced Payment, we will review the information provided for Category B describing the act and harm you sustained. If there is any additional information, you would like to submit, please do so below.

---

---

---

---

If you need more room, please attach additional sheets which indicate which Section they correspond to and check this box .

### **Category C Medical Records**

To qualify for compensation under Category C, you are required to submit a medical record that shows that you suffered or continue to suffer from PTSD or other diagnosed psychological or physical injuries directly arising from sexual assault or targeted or ongoing or severe sexual harassment.

Attached are the following relevant documents:

---

---

---

---

If you need more room to list, the relevant documents please add additional sheets and clearly identify that they are being submitted in response to "Category C - Medical Records".

### **Do You Have Any Other Relevant Records?**

We know that you may not have any documentation or records relating to sexual misconduct, and such documents are **not** necessary to make your claim.

However, if you are claiming compensation under Categories B and/or C and you do have documents relevant to the harms identified in this Claims Form, you can attach copies of the documents to this Claim Form. Relevant documents may:

- provide details of relevant employment with Leduc;
- confirm the details of the treatment you experienced;
- provide names of witnesses to any relevant incidents (though please note that you are not required to provide the names of witnesses if you are not comfortable doing so);
- detail the injuries or harm you experienced;
- confirm any complaints you made or grievances you attempted to file; and/or
- provide information regarding impacts of your experiences and efforts to recover from those impacts.

Such documents might include:

- reports of sexual misconduct that you prepared at the time of the events, and related outcomes (note that a report is not necessary for you to obtain compensation under this Settlement);
- evidence of injuries sustained as a result of the sexual misconduct (including but not limited to physical and psychological medical records);

- documents from your personnel file;
- documents from any police file;
- any complaint or grievance file in relation to the matters in question; or
- any other document, letter, report, memo, email, chart, diagram, photograph, video, or recording that may support, confirm, clarify or augment the descriptions and claims set out in this Claim Form.

Attached are the following relevant documents: (if you have no documents, write "Not Applicable").

---



---

If you need more room to list, the relevant documents please add additional sheets or electronic records and clearly identify that they are being submitted in response to "Category C - Additional Relevant Records".

**Certification/Attestation**

**[This section must be completed for all Categories]**

**CERTIFICATION OF INFORMATION IN CLAIM FORM**

I am a woman	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have only considered incidents which occurred after January 1, 2002 to July 4, 2023.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have included incidents that were connected with my employment with Leduc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Legal Advice</b> I understand that I have access to legal advice through Class Counsel and that I may contact them to seek assistance with submitting a claim.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Certification that Information is true</b> By completing this Claim Form and signing below I certify that the information provided in this Claim Form is true to the best of my knowledge.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Claimant Signature:</b>		
<b>Date:</b>		



## Commissioning

**You are required to swear that the information in this form is true before a Commissioner for Oaths. Class Counsel can assist you with getting this sworn and it can be done over video. Please contact Class Counsel at [leducclassaction@bdplaw.com](mailto:leducclassaction@bdplaw.com) if you need any assistance with having this sworn before a Commissioner for Oaths.**

SWORN BEFORE ME at the City of \_\_\_\_\_ )  
\_\_\_\_\_, Alberta this \_\_\_\_<sup>th</sup> day )  
of \_\_\_\_\_, 202\_. )  
)  
)

---

A Commissioner for Oaths in and for the  
Province of Alberta

**Deadline To Submit Claims: • (must be postmarked no later than August 4, 2024)**

### TO SUBMIT:

**Email your form to:** [leducclassaction@bdplaw.com](mailto:leducclassaction@bdplaw.com)

**Send your Form to** Leduc Class Action, c/o Burnet, Duckworth & Palmer LLP, 2400, 525 8<sup>th</sup> Ave SW, Calgary, AB, T2P 1G1