

## Enumerated Claim Form

In accordance with the proposed settlement, a pool of funds will be set aside to provide additional compensation to those who experienced circumstances resulting in heightened emotional distress. This form is intended for those Settlement Class Members who desire to apply for the additional award in light of aggravating factors they experienced as part of the application process to the Brockton DPW between October 10, 2010 and December 18, 2019.

I affirm that I am non-white.

I affirm that I applied for a position with the Brockton DPW between October 10, 2010 and December 18, 2019.

**During that period, I affirm that I experienced the following harmful and distressing conduct related to discrimination and/or retaliation.**

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Below are some examples of the types of conduct you may have suffered. This list is not exhaustive. These are merely examples.

I was rejected after an interview in which I felt that the color of my skin impacted my treatment. If so, describe what gave you that impression.

I felt discouraged from filing an application. If so, describe how you were discouraged.

I applied and was rejected although I had the experience or education or licensure posted for the position. (If so, give dates if known and describe your experience or education or qualification for the position.

I applied and was rejected more than once. If so, describe the dates, if known, and qualifications for each other position.

I applied but received no response to my application, and I believe it was due to the fact that I indicated that I am non-white.

My application was returned or denied for lack of completeness, and I believe it was due to the fact that I indicated that I am non-white.

My interview experience was hostile or in some way demeaning or humiliating. If so, please describe.

I received a rejection letter saying I was “unqualified” despite knowing that I was qualified, and I believe it was due to the fact that I indicated that I am non-white.

I heard comments made by public officials or others that indicated the process was stacked against me. If so, please describe.

I was otherwise affected by what I believed to be race discrimination. If so, please describe.

**I affirm that I suffered emotional distress or other damages in the following ways:**

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Below are some examples of the types of emotional distress you may have suffered or still be suffering from. This list is not exhaustive. These are merely examples.

I feared retaliation if I complained.

I failed to secure steady employment.

I was required to take a job out of town that required a long commute. This affected my cost and quality of life.

I lacked benefits such as health care and retirement since the date of my application,

The emotional distress caused medical complications, and I had to see a doctor.

**I am willing to speak with a claims adjudicator to provide further information to help evaluate my claims.**

**I declare that these statements are true, under the penalties of perjury:**

Date: \_\_\_\_\_, 2020

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

Please mail this to: BrocktonDPWSettlement  
c/o RG2 Claims Administration LLC  
P.O. Box 59479  
Philadelphia, PA 19102-9479

No later than **October 27, 2020**