

**MEEKS, ET. AL. V. ALLEN MEMORIAL HOSPITAL (NO. LACV 114860)**

**CLAIM FORM**

This Claim Form must be completed and returned to Claims Administrator, Allen Health System, 1825 Logan Avenue, Waterloo, Iowa 50703. The Claim Form must be postmarked no later than **June 17, 2012**. A copy of a valid driver's license or other government-issued photo ID must accompany the Claim Form. If you don't have an ID, please notify Thomas Duff or Roxanne Conlin at 515-283-1111. If you do not complete and submit this Claim Form by **June 17, 2012** you will not be able to file a lawsuit against Allen for race discrimination.

Sections I (Background) and Section III (Damages) must be completed by all Claimants. You must also complete the section(s) specific to your claim or claims; failure to hire, failure to promote, discharge, retaliation or hostile work environment. If necessary, please use additional paper to answer the questions.

**I. Background Information**

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

Address: \_\_\_\_\_

Phone numbers (cell, home, work): \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you currently employed by Allen? \_\_\_\_\_

a. Date of Hire: \_\_\_\_\_

b. All positions held and rates of pay:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Date of Termination/Quit: \_\_\_\_\_

**II. Nature of Claim**

**A. Failure to Hire.**

If you claim that Allen failed to hire you because of your race please answer the following questions:

1. On what date(s) did you submit an application for employment? \_\_\_\_\_

2. What position(s) did you apply for? \_\_\_\_\_

3. Do you believe you were qualified for each position(s)? \_\_\_\_\_

If yes, state why you were qualified (e.g. education, experience): \_\_\_\_\_

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4. Were you contacted by Allen following submission of your application ? \_\_\_\_\_

If so, who contacted you and when? What result? \_\_\_\_\_

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5. Were you interviewed for the position? \_\_\_\_\_

If so, who interviewed and when? What result? \_\_\_\_\_

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6. What specific facts support your claim that your race was a factor in not being hired?

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**B. Failure to Promote.**

If you claim that you applied for a promotion while employed at Allen and did not receive it because of your race please answer the following questions:

1. What position(s) did you seek? \_\_\_\_\_
2. When did you apply for the promotion(s)? \_\_\_\_\_
3. When were told that you did not get the promotion(s)? \_\_\_\_\_
4. What was the pay rate for the position(s) sought? \_\_\_\_\_
5. What facts support your claim that race was a factor in you not receiving the promotion(s)?

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**C. Termination/ Suspension of Employment or Forced to Quit.**

If you claim that your employment at Allen was terminated or suspended or you were forced to quit because of your race please answer the following questions:

1. When was your employment at Allen terminated or suspended? \_\_\_\_\_
2. What reason(s) did Allen give for your termination or suspension? \_\_\_\_\_

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3. What facts support your claim that race was a factor in your termination/ suspension or forced quit?

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**D. Racially Hostile Work Environment.**

If you claim that you were subjected to a racially hostile work environment please answer the following questions:

1. When was the last date (specific as possible) you were racially harassed?

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2. How long has the racial harassment been going on? \_\_\_\_\_

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3. Has the racial harassment been continuous? \_\_\_\_\_

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4. Who are the persons who have been harassing you? Are they management or hourly employees?

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5. Do you find the conduct objectionable? \_\_\_\_\_

6. What is the nature of the conduct? (Please be as specific as possible regarding conduct or statements made to or around you)

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7. Was any of the conduct directed at you physically threatening? \_\_\_\_\_

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8. Have you reported the racial harassment to you supervisor or the Human Resources department? Who specifically did you report it to and when?

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9. Did Allen investigate or take any action to stop the harassment? (e.g. Suspend or fire the harasser or move him/her to a different department)

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10. Did the actions, if any, taken by Allen stop the harassment? \_\_\_\_\_

**E. Retaliation.**

If you claim that Allen retaliated against you please answer the following questions:

1. Did you file a claim against or complain that Allen was engaging in unlawful conduct such as discrimination or harassment?

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2. Who did you make the complaint(s) to and when? \_\_\_\_\_

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3. What form did the retaliation take? (discharge, suspension, further harassment. . .)

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4. Who was the person(s) that retaliated against you? \_\_\_\_\_

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5. When did the retaliation occur? \_\_\_\_\_

**III. Damages.**

**A. All Claimants should answer the following questions and provide supporting documentation (tax returns, W-2 forms)**

1. What was your rate of pay at the time you were discriminated against? \_\_\_\_\_

2. If you were not hired or not promoted, what was the rate of pay for the position applied for? \_\_\_\_\_

3. What have your earnings been for the time between when the discriminatory act occurred and today? (Earnings include unemployment benefits.)

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4. What is the dollar amount of wages you estimate you lost as a result of the discriminatory conduct? (Please provide a calculation of your damages.)

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5. Did you suffer emotional distress? If so, please describe in detail the nature of your emotional distress?

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6. Have you had any physical symptoms of your emotional distress? Have you sought medical care? If so, provide medical records to support your claim.

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**The foregoing statements and representations are true and correct to the best of my knowledge and ability and are submitted under penalty of perjury.**

**I further understand and acknowledge that by submitting this Claim Form I am electing to pursue my legal remedies through this Class Action and agree that I will not file or pursue any claim or lawsuit against Allen Hospital for the same injury or harm covered by the Meeks Class Action.**

\_\_\_\_\_  
**Signature**

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