

CALL 1-877-453-8710 OR VISIT WWW.WROSSCLASSACTION.CA

*W. Ross MacDonald School Class Action Settlement*

**COMPENSATION CLAIM FORM**

**This settlement is for those who attended the W. Ross MacDonald School, formerly known as the Ontario School for the Blind, between January 1, 1951 and May 4, 2012.**

The deadline to submit a claim is **November 7, 2017**.

If you need help completing this Claim Form, or have any questions, call the claims administrator at 1-877-453-8710.

<b>PART 1</b>	<b>NAME AND CONTACT INFORMATION</b>
Full Name:	
Name when attending the school (if different):	
Any other names used:	
Date of birth:	

If you are making a claim on behalf of a someone as their parent, litigation guardian or the Public Guardian and Trustee, check this box			<input type="checkbox"/>
Representative Name:		Basis of Representation	
If the former student has deceased check this box	<input type="checkbox"/>	when did they pass away?	___/___/___ (mm/dd/yyyy)
<b>Note:</b> please attach any documents you may have that confirm your ability to legal represent the former student			

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**CONTACT INFORMATION**

**Note:** any correspondence from the claims administrator and any cheque for compensation will be sent to this address. All cheques will be made out in the name of the former student.

Mailing Address:			
City/Town:		Province:	
Country:		Postal Code:	
Daytime telephone number:		Evening telephone number:	
E-mail address (if available):			

**PART 3**

**DESCRIPTION OF ABUSE AT THE SCHOOL**

**To be eligible for compensation for specific abuse you must describe ALL incidents of abuse that you suffered at the Schools in the next pages.**

Completing this section may trigger painful memories. Because of this we suggest you proceed slowly and that you be in a safe place when you complete this section. We recommend you complete this section with a support person nearby such as a family member, counselor, case worker or someone else you trust

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You can write out your experiences in the space provided below or in a separate document and attach it to this Claim Form.

You should provide as many details as you can to describe the harm and abuse suffered, which may include:

- What happened;
- When it happened;
- How often it happened;
- How were you hurt; and
- Who did this to you

The Claims Administrator will assess your claim and award compensation in accordance with the chart below.

<b>Category of Abuse</b>	<b>Description of Abuse</b>
Level 3 sexual assault	<ul style="list-style-type: none"><li>• One or more incidents of Serious Sexual Assault</li></ul>
Level 2 sexual assault	<ul style="list-style-type: none"><li>• Repeated non-consensual sexual touching of a resident or other non-consensual sexual behavior that is not a Serious Sexual Assault</li></ul>
Level 1 sexual assault	<ul style="list-style-type: none"><li>• Any non-consensual sexual touching of a resident or other non-consensual behavior that is not a Serious Sexual Assault</li></ul>
Level 3 physical assault	<ul style="list-style-type: none"><li>• One or more physical assaults causing a Serious Physical Injury</li></ul>
Level 2 physical assault	<ul style="list-style-type: none"><li>• One or more physical assaults not causing a Serious Physical Injury, but resulting in an observable injury such as a black eye, bruise, or laceration</li></ul>
Level 1 physical assault or other wrongful acts	<ul style="list-style-type: none"><li>• One or more physical assaults not causing a Serious Physical Injury and not resulting in an observable injury</li><li>• Repeated, persistent, and excessive wrongful acts constituting demeaning behavior, humiliation, or excessive physical punishment</li></ul>





<b>PART 4</b>	<b>SWEAR UNDER OATH</b>
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By completing this Claim Form and signing below I swear under oath that all information I have provided in this form is true to the best of my knowledge and belief.

**You must swear or affirm under oath before a commissioner for taking oaths or a notary.**

**Remember, it is a serious offence to make a false statement.**

SWORN (OR AFFIRMED) BEFORE ME at  
the city/town of \_\_\_\_\_  
in the Province/Territory of \_\_\_\_\_,  
on \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Commissioner/notary

\_\_\_\_\_  
Signature of Claimant

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**PART 5**

**SUBMIT YOUR CLAIM**

**All claims must be sent to the address below by no later than November 7, 2017:**

You may email, fax or mail your form to the Claims Administrator (Crawford & Company (Canada) Inc.) as per the following:

Mail: W. Ross MacDonald Settlement  
3-505, 133 Weber Street North  
Waterloo, Ontario, N2J 3G9

Email: [wross@crawco.ca](mailto:wross@crawco.ca)

Fax: 1-888-842-1332

**If you fail to submit a claims form to the Claims Administrator by November 7, 2017, you will not receive any compensation from this settlement.**

Do not send the claims form to the court.