

**GRENVILLE CHRISTIAN COLLEGE (“GCC”)  
CLASS ACTION SETTLEMENT**

**CLAIM FORM**

PRIVATE & CONFIDENTIAL

This Claim Form is for the Settlement Class Members who wish to claim compensation under the Settlement Agreement. “Settlement Class Members” means you attended and boarded at GCC between September 1973 and July 1997 (and you are NOT a child or grandchild of Charles Farnsworth and/or Alastair Haig), and you did not validly opt-out of the proceedings.

To receive a payment from the Settlement Fund, each Claimant **MUST** complete this Claim Form and submit it and any supporting documentation to the Claims Administrator postmarked **by no later than:**

**11:59 PM EST ON OCTOBER 22, 2024.**

Late claim submissions will not be accepted or valid.

All information included in this Claim Form will remain confidential between Epiq and Settlement Class Counsel. The information will not be shared with the defendants and their lawyers, or with any witnesses supporting your claim.

**HOW TO SUBMIT YOUR CLAIM:**

You may choose any one of the following ways to submit a Claim Form, including any supporting documentation or impact statement(s):

1. Mail or Courier	Mail or courier your complete Claim Form and any supporting documentation to the Claims Administrator at:  <p style="text-align: center;"><b>Grenville Christian College (GCC) Settlement c/o Epiq Class Action Services Canada Inc. P.O. Box 507 STN B Ottawa, ON K1P 5P6</b></p> Mailed claim submissions must be postmarked <b>by no later than</b> <b><u>OCTOBER 22 2024.</u></b>
2. Email	Email your complete Claim Form and any supporting documentation to: <a href="mailto:info@gccsettlement.ca">info@gccsettlement.ca</a> .

**Questions? Call Toll-Free Telephone: 1-877-786-0546 or visit [www.GCCSettlement.ca](http://www.GCCSettlement.ca).**

This Claims Program has been developed with a view to limiting the chances of causing further trauma to Settlement Class Members or their Estates. It is intended to provide closure and support for healing of eligible Settlement Class Members. The financial compensation serves an important symbolic function in acknowledging the harms endured by the eligible Settlement Class Members.

GCC CLASS ACTION SETTLEMENT  
CLAIM FORM

**SECTION I: CLAIMANT IDENTIFICATION**

The Claims Administrator will use the information that you provide to process your claim. If your information changes, please notify the Claims Administrator in writing.

**YOU MUST ENCLOSE A COPY OF A VALID, GOVERNMENT-ISSUED PHOTO ID THAT MATCHES THE NAME AND CONTACT INFORMATION ENTERED BELOW.**

*Fields marked with an \* are mandatory.*

First Name*	Last Name*
Maiden or Other Prior Names	Date of Birth (DD-MM-YYYY) *
Street Address*	
City*	Province*
Postal Code*	Country*
Email Address*	Telephone Number*

**SECTION II: REPRESENTATIVE IDENTIFICATION (IF APPLICABLE)**

Please complete this section if you are submitting a claim on behalf of the Settlement Class Member because you are:

the authorized representative of a Class Member (i.e. with power of attorney);  
Reason\*: \_\_\_\_\_

Or

the authorized representative of the deceased Class Member's Estate.

**YOU MUST PROVIDE DOCUMENTATION VERIFYING THAT YOU HAVE LEGAL AUTHORITY TO ACT ON BEHALF OF THE CLASS MEMBER OR THEIR ESTATE (FOR EXAMPLE, CERTIFICATE OF APPOINTMENT OF ESTATE TRUSTEE, POWER OF ATTORNEY, ETC.)**

Please use additional blank pages, if needed.

GCC CLASS ACTION SETTLEMENT  
CLAIM FORM

*Fields marked with an \* are mandatory.*

\_\_\_\_\_  
Representative's First Name\*

\_\_\_\_\_  
Representative's Last Name\*

\_\_\_\_\_  
Representative's Relationship to Claimant\*

\_\_\_\_\_  
Representative's Street Address\*

\_\_\_\_\_  
City\*

\_\_\_\_\_  
Province\*

\_\_\_\_\_  
Postal Code\*

\_\_\_\_\_  
Country\*

\_\_\_\_\_  
Representative's Email Address\*

\_\_\_\_\_  
Representative's Telephone Number\*

- By checking this box, I confirm that **I am authorized** to submit a claim on behalf of the Class Member and have attached the supporting documentation (*such as a Power of Attorney for Property, or Death Certificate and Last Will, or Certificate of Appointment of Estate Trustee*). \*

**SECTION III: LEGAL COUNSEL IDENTIFICATION (IF APPLICABLE)**

- Please complete this section only if a lawyer is representing the Claimant.

**Note: if this section is completed, all correspondence will be sent to your lawyer, who must notify the Claims Administrator of any change in mailing address. If you change lawyers, you must notify the Claims Administrator in writing of the new information.**

*Fields marked with an \* are mandatory.*

\_\_\_\_\_  
Law Firm Name\*

\_\_\_\_\_  
Lawyer's Full Name\*

\_\_\_\_\_  
Law Society Number

\_\_\_\_\_  
Law Firm Street Address\*

Please use additional blank pages, if needed.

GCC CLASS ACTION SETTLEMENT  
CLAIM FORM

City*	Province*
Postal Code*	Country*
Lawyer's Email Address*	Lawyer's Telephone Number*

**SECTION IV: CLAIM CATEGORIES**

**GROUP A: COMMON EXPERIENCE CLAIM**

**ALL CLAIMANTS MUST COMPLETE THE GROUP A: COMMON EXPERIENCE CLAIM QUESTIONS BELOW.**

You should complete this Claim Form if you attended **and** boarded at Grenville Christian College ("GCC") during the Class Period (September 1973 and July 1997) and were subjected to controlling, demeaning, intimidating, and humiliating acts.

*Fields marked with an \* are mandatory.*

**1. Did you attend and board at GCC between September 1973 and July 1997? \***

Yes       No

**2. Please provide your full name when you were enrolled at GCC.**

First Name (when enrolled) *	Last Name (when enrolled) *
------------------------------	-----------------------------

**3. Please indicate the dates you attended and boarded at GCC between September 1973 and July 1997. \* A School Year is 10 months, between September and June.**

	School Year Start Date		School Year End Date
1.	Month, Year	to	Month, Year
2.	Month, Year	to	Month, Year
3.	Month, Year	to	Month, Year
4.	Month, Year	to	Month, Year

Please use additional blank pages, if needed.

GCC CLASS ACTION SETTLEMENT  
CLAIM FORM

4. During the years you attended GCC, were there any period(s) of time that you did not board at GCC (for example, you were taken out of the dorms to live with family or sent to COJ)? \*

Yes     No

A. If yes, please indicate the dates you did not board at GCC between September and June of each School Year. A School Year is 10 months, between September and June.

	Date(s) You Left Boarding	to	Date(s) You Reentered Boarding
1.	Month, Year	to	Month, Year
2.	Month, Year	to	Month, Year
3.	Month, Year	to	Month, Year
4.	Month, Year	to	Month, Year

5. Which grade levels did you complete at GCC?

---

6. Did you obtain an Ontario Secondary School Diploma (“OSSD”) from GCC? \*

Yes     No

A. If so, do you have a copy of your OSSD?

Yes     No

7. When you attended GCC, were you the child of a staff member? \*

Yes     No

8. Did you have roommates when you boarded at GCC? \*

Yes     No     Unknown/Can’t Remember

A. If so, please provide the following details about your roommates:

	Name of Roommate(s)	Dates you Boarded Together
1.		
2.		Month, Year to Month, Year
3.		Month, Year to Month, Year
4.		Month, Year to Month, Year

Month, Year to Month, Year

Please use additional blank pages, if needed.

## GCC CLASS ACTION SETTLEMENT CLAIM FORM

Please note that Claimants may be asked to provide additional documents and/or further information to prove their membership in the Class – without which, they may not qualify for settlement benefits.

### GROUP B: SEVERE PSYCHOLOGICAL AND/OR PHYSICAL HARM AND/OR SEXUAL ABUSE CLAIM

**IF YOU ARE MAKING A GROUP B CLAIM, YOU MUST COMPLETE THE GROUP B: SEVERE PSYCHOLOGICAL/PHYSICAL/SEXUAL ABUSE CLAIM QUESTIONS BELOW.**

In addition to the GROUP A payments, Settlement Class Members can also apply for additional compensation if they have claims relating to physical, severe psychological, or sexual abuse.

*NOTE: In this section, Claimants must submit an Impact Statement describing the nature of the alleged incident(s). We understand that Claimants may require more time to complete the Impact Statement. If you require additional time, please indicate that you will submit your Impact Statement after your Claim Form is submitted. You must submit your Impact Statement to the Claims Administrator postmarked by **October 22, 2024** using one of the methods provided on the instructions page of this Claim Form.*

Fields marked with an \* are mandatory.

- By checking this box, I confirm that I am submitting a **Group B** claim for severe psychological and/or physical harm and/or sexual abuse. \*

### Psychological Harm

1. Were you diagnosed with a qualifying psychological condition (as listed below) that is, in whole or in part, related to your time and experience at GCC? \*

Yes     No

The following are qualifying psychological conditions that may be, in whole or in part, related to your time and experience at GCC:

- Substance Use/Abuse Disorder
- Eating Disorder/Disordered Eating
- Personality Disorder
- Dissociation
- Somatization
- Conduct Disorder
- Oppositional Defiant Disorder
- Inappropriate Coping Behaviour
- Problems with sexuality/  
inappropriate sexual behaviours or  
promiscuity/problems with intimacy
- Anxiety and/or Panic Attacks
- Acute Stress Disorder
- Depression or Major Depression Disorder
- PTSD/CPTSD
- Self-Harm (including suicidal ideation and  
suicide attempts)
- Anger, aggression, and/or rage
- Insomnia, night terrors, nightmares of abuse  
and sleepwalking
- Other personality and/or psychotic disorders  
requiring medical treatment and counselling.

Please use additional blank pages, if needed.

GCC CLASS ACTION SETTLEMENT  
CLAIM FORM

2. If you were diagnosed with a **qualifying psychological** condition, please use the space below to describe your related medical treatment:

Qualifying Psychological Condition	Medical Treatment (Check all that Apply)	Duration of Medical Treatment
	<input type="checkbox"/> Medical <input type="checkbox"/> Psychological <input type="checkbox"/> Hospitalization	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> Greater than 5 years
	<input type="checkbox"/> Medical <input type="checkbox"/> Psychological <input type="checkbox"/> Hospitalization	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> Greater than 5 years
	<input type="checkbox"/> Medical <input type="checkbox"/> Psychological <input type="checkbox"/> Hospitalization	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> Greater than 5 years
	<input type="checkbox"/> Medical <input type="checkbox"/> Psychological <input type="checkbox"/> Hospitalization	<input type="checkbox"/> Less than 5 years <input type="checkbox"/> Greater than 5 years

3. Please provide evidence of all conditions/treatments claimed.

- Medical records diagnosing and/or documenting the condition related to my time and experience at GCC are enclosed. \*

4. Please provide an Impact Statement. \*

- By checking this box, I swear or solemnly affirm under penalty of perjury that the following Impact Statement of Psychological Harm Claim enclosed in this Claim Form is true, correct, and complete to the best of my knowledge, information, and belief. \*

Using the following lines (or in a separate Impact Statement), please describe the Psychological Harm you experienced while at GCC between September 1973 and July 1997. Please include the following details about the alleged incident(s):

- natures of the incident(s);
- time period(s);
- specific date(s);
- location(s);
- individuals involved;
- witnesses (if any);
- Reports made (if any) and to whom those reports were made.

---



---

Please use additional blank pages, if needed.

GCC CLASS ACTION SETTLEMENT  
CLAIM FORM

---



---



---



---



---

**Physical Harm**

5. Did you suffer physical injury (injuries) during your time and experience at GCC between September 1973 and July 1997? \*

Please note that qualifying physical injuries relate to:

- Excessive Corporal Punishment; and/or
- Harsh Discipline, for example, manual labour tasks that:
  - Are difficult and painful, i.e. causing bleeding or pain.
  - Put students at health and/or safety risk.

Yes                       No

A. If so, have you undergone medical treatment for your physical injury (injuries) sustained at GCC between September 1973 and July 1997? \*

Yes                       No

6. If you were diagnosed with a qualifying physical injury, please use the space below to describe your related medical treatment? \*

Qualifying Physical Injury	Medical Treatment (Check all that Apply)
	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Hospitalization and/or Surgery
	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Hospitalization and/or Surgery
	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Hospitalization and/or Surgery
	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Hospitalization and/or Surgery

Please use additional blank pages, if needed.



GCC CLASS ACTION SETTLEMENT  
CLAIM FORM

**7. Please provide evidence of all physical injuries claimed.**

- Medical records diagnosing and/or documenting the treatments related, in whole or in part, to the physical harms experienced at GCC are enclosed. \*

**8. Please provide an Impact Statement. \***

- By checking this box, I swear or solemnly affirm under penalty of perjury that the following Impact Statement of Physical Harm Claim enclosed in this Claim Form is true, correct, and complete to the best of my knowledge, information, and belief. \*

Using the following lines (or in a separate Impact Statement), please describe the Physical Harm you experienced while at GCC between September 1973 and July 1997. Please include the following details about the alleged incident(s):

- natures of the incident(s);
- time period(s);
- specific date(s);
- location(s);
- individuals involved;
- witnesses (if any);
- Reports made (if any) and to whom those reports were made.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Sexual Abuse**

**9. Are you making a claim for Sexual Abuse experienced during your time at GCC between September 1973 and July 1997? \***

- Yes                       No

Please use additional blank pages, if needed.

GCC CLASS ACTION SETTLEMENT  
CLAIM FORM

**A. If you answered “yes,” please use the checkboxes below to describe the Sexual Abuse you experienced during your time at GCC between September 1973 and July 1997. \* Please check all that apply.**

	One Incident	Multiple Incidents
Forced kissing and/or nudity.	<input type="checkbox"/>	<input type="checkbox"/>
Groping of genitals, buttocks and/or breast area <u>by</u> perpetrator.	<input type="checkbox"/>	<input type="checkbox"/>
Groping of genitals, buttocks and/or breast area <u>of</u> perpetrator.	<input type="checkbox"/>	<input type="checkbox"/>
Rape/Sexual Penetration (oral, anal or vaginal).	<input type="checkbox"/>	<input type="checkbox"/>

**10. Please provide an Impact Statement. \***

By checking this box, I swear or solemnly affirm under penalty of perjury that the following Impact Statement of Sexual Abuse Claim enclosed in this Claim Form is true, correct, and complete to the best of my knowledge, information, and belief. \*

Using the following lines (or in a separate Impact Statement), please describe the Sexual Abuse you experienced while at GCC between September 1973 and July 1997. Please include the following details about the alleged incident(s):

- natures of the incident(s);
- time period(s);
- specific date(s);
- location(s);
- individuals involved;
- witnesses (if any);
- Reports made (if any) and to whom those reports were made.

---

---

---

---

---

---

---

---

---

---

Please use additional blank pages, if needed.

GCC CLASS ACTION SETTLEMENT  
CLAIM FORM

**SECTION V: PAYMENT INFORMATION**

**ALL CLAIMANTS MUST COMPLETE THE SECTION V: PAYMENT INFORMATION BELOW.**

**Payment in any one of the Settlement Compensation Categories is not guaranteed.**

Claimants must meet all eligibility requirements, including documentary/evidentiary requirements and filing deadlines. In no event shall a claimant be awarded more than \$74,000 in total compensation (eligible Group A and Group B awards combined).

Eligible Claimants will receive their compensation payment by Email Money Transfer (“EMT”). Payments more than \$3,000 will be issued by cheque. **If you are eligible, the payment will be sent to the email address you confirm below or by cheque to the address specified in Section I of this Claim Form.**

Unless you have established automatic deposit of EMTs with your financial institution, you will be required to enter a security password when accepting your EMT. Your security password will be the Claimant’s month of birth. Please confirm below:

\_\_\_\_\_  
**Email Address to receive EMT \***

\_\_\_\_\_  
**Claimant’s Month of Birth\***

**SECTION VI: DECLARATION**

**ALL CLAIMANTS MUST COMPLETE THE SECTION VI: DECLARATION BELOW.**

**By signing below, I declare under penalty of perjury that I am a Settlement Class Member (or the representative of a Settlement Class Member as disclosed in Section II of this Claim Form) and that the information submitted in this Claim Form is true and accurate to the best of my knowledge. I understand that this Claim Form and the supporting documentation attached hereto may be subject to audit, verification, and review by the Claims Administrator and/or Court. I also understand that I will not receive any payment if the information in this Claim Form or the supporting documentation attached hereto is believed or found to be fraudulent. I agree to participate in the Settlement in this matter.**

Please use additional blank pages, if needed.

GCC CLASS ACTION SETTLEMENT  
CLAIM FORM

Individuals signing below on behalf of a living Claimant: **In addition to the above declaration, I hereby declare that I have reviewed the Claim Form and any supporting documentation with the Claimant and approval of the information and my representation has been granted.**

\_\_\_\_\_  
**Signature of Claimant \***  
**(or Claimant's Representative, if any)**

\_\_\_\_\_  
**Date (dd/mm/yyyy) \***

\_\_\_\_\_  
**Signature of Claimant's Lawyer (if any)**

\_\_\_\_\_  
**Date (dd/mm/yyyy) \***

*The Claims administrator will keep strictly confidential the identity of all Settlement Class Members and all information regarding any claims and submissions made by Settlement Class Members.*

*Where necessary, the Claims Administrator will contact Claimants directly to obtain further information.*

Please use additional blank pages, if needed.

GCC CLASS ACTION SETTLEMENT

REMINDER CHECKLIST

This checklist will help you to ensure that your claim submission is complete and includes all supporting documents.

**All Claims must include:**

- A complete and signed Claim Form.
- A copy of valid government-issued photo ID.

**Where applicable, Claims must also include:**

- Documentation establishing authority to act on behalf of the Claimant or Estate.
- Medical records to support the psychological condition(s) claimed.
- Medical records to prove the medical treatment(s) claimed as a result of physical harm(s).
- An Impact Statement for each Group B: severe psychological harm, physical harm, or sexual abuse claimed.

*Should you require assistance with your claim submission, please feel free to contact:*

**Claims Administrator**

**Epiq Class Action Services Canada Inc.**

P.O. Box 507 STN B

Ottawa, ON K1P 5P6

Email: [info@gccsettlement.ca](mailto:info@gccsettlement.ca)

Toll-Free Telephone: 1-877-786-0546

Website: [www.gccsettlement.ca](http://www.gccsettlement.ca)

**Class Counsel**

**McKenzie Lake Lawyers LLP**

1800-140 Fullarton Street

London, ON N6A 5P2

Attention: Chanele Rioux-McCormick or Christina Noble

Email: [gcc@mckenzielake.com](mailto:gcc@mckenzielake.com)

**Torkin Manes LLP**

151 Yonge Street, Suite 1500

Toronto, ON M5C 2W7

Attention: Valerie Edwards

Email: [vedwards@torkinmanes.com](mailto:vedwards@torkinmanes.com)

T: (416) 863 1188

**Haber & Associates Lawyers**

3370 South Service Road, 2nd Floor

Burlington, ON L7N 3M6

Attention: Christopher Haber

Email: [christopher@haberlawyers.com](mailto:christopher@haberlawyers.com)

T: (905) 639 8894