

**UNITED STATES OF AMERICA
EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
LOS ANGELES DISTRICT OFFICE**

**Edmund Walker *Et Al.*,
Complainants,**

Agency Case No. 4E-800-0240-02

EEOC Case Nos. 320-A2-8390X

v.

Filed on: August 19, 2002

**Patrick R. Donahoe,
Postmaster General,
United States Postal Service
Respondent**

BACKGROUND

The Equal Employment Opportunity Commission [EEOC] has certified a class complaint of "all permanent rehabilitation employees whose duty hours have been restricted, from March 24, 2000, to the present, allegedly in violation of the Rehabilitation Act of 1973." The Judge has approved sending you this questionnaire to begin to determine any potential damages.

WHAT YOU NEED TO DO

You must be truthful and try to be accurate. Please answer on the spaces provided. If you need more space to answer a question, please attach a separate sheet of paper with your answer, numbering the new page with the number of the question you are answering. PLEASE TYPE IF POSSIBLE OR PRINT CLEARLY USING BLACK INK. If you are estimating or unsure of some part of your answer, please say so and explain why you are unsure. Sign each sheet at the bottom and on the last page, after the last answer, write the following information just above your signature: "I declare under penalty of perjury that the foregoing information is true and correct to the best of my recollection."

Send your responses **on or before December 15, 2011**, to the following address:

National EEO Investigative Services Office [NEEOISO]
P. O. Box 25558
Tampa, FL 33622-5558

Claim #

DAMAGES QUESTIONNAIRE

Contact Information

1. Name: _____
(Last) (First) (Middle)
2. Social Security Number: _____
3. Date of Birth: _____
4. Are you currently employed by the United States Postal Service? ____ Yes ____ No
5. Were you known by any other names when you were employed by the Postal Service? Yes ____ No ____
If so, please identify them. _____
6. Current Mailing Address: _____
City _____ State _____ Zip _____
7. Current Personal Telephone Number: _____
8. Current Personal Email Address: _____

Damages Information

9. Have you ever had an accepted workers compensation claim? Yes ____ No ____
If so, how many times? _____
10. At any time between March 24, 2000 and the present, have you been given a permanent rehabilitation assignment? _____
Once or more than once? _____

Please answer the following questions SEPARATELY for every time you were given a new permanent rehabilitation assignment.

What was your position before your injury?

What was your position after your injury but before your permanent rehabilitation assignment?

Were all these positions full-time (40 hours per week) or less than full-time?

Were your hours full-time after you became a permanent rehabilitation employee, and if not, what were your hours then?

The following questions ask about “compensatory damages,” which include out of pocket expenses and pain and suffering caused by alleged discrimination.

If you claim compensatory damages based on having your duty hours limited after you became a permanent rehab employee, then you must submit evidence to show that the agency limited your duty hours because you were permanent rehab and directly caused the losses for which you claim damages.

11 a. In other words, how did loss of income from restricted duty hours after you became permanent rehab cause you to have new, additional out of pocket expenses [e.g., new loans, interest on new loans, etc.]?

11 b. In addition, if you claim that having your duty hours restricted caused you pain and suffering, you must explain how you were affected and for how long, and identify any family members, friends, and/or health care providers who could testify that they observed how you were affected by having duty hours restricted.

Please be aware that the agency may have an opportunity to investigate further and determine if there were other reasons for your mental distress at this time [e.g., poor health, divorce or other family problems, etc.].

“I declare under penalty of perjury that the foregoing information is true and correct to the best of my recollection.”

Signature: _____

Date: _____