

# INDIAN DAY SCHOOLS CLASS ACTION SETTLEMENT

## Caution:

**Filling out this Claim Form may be emotionally difficult or traumatic for some people.**

If you are experiencing emotional distress and want to talk, free counselling and crisis intervention services are available from the Hope for Wellness Help Line at 1-855-242-3310 or online at [www.hopeforwellness.ca](http://www.hopeforwellness.ca).

The toll-free number and website are available  
24 hours a day, 7 days a week.

Free legal assistance with the Claims Form is available from  
Class Counsel, Gowling WLG at 1-844-539-3815.

**CLAIM FORM**

**INDIAN DAY SCHOOLS CLASS ACTION SETTLEMENT**

This Settlement is applicable to all students who attended and suffered abuse or harm at a Federal Indian Day School or Federal

Day School operated by the Government of Canada.

## **Claim Due By: July 13, 2022**

Starting in 1920, Indigenous students were required to attend school. Some Indigenous students attended a Federal Indian Day School or Federal Day School (“**Day School**”) that was funded, managed and controlled by the Federal Government of Canada (“Canada”).

The **Federal Indian Day Schools Class Action Settlement Agreement** (“Settlement”) provides compensation to any former day student who attended a Day School and who suffered abuse or harm when attending the school.

A list of the eligible Day Schools, along with relevant dates of their management and control by Canada, is available at [www.indiandayschools.com](http://www.indiandayschools.com) (Schedule K of the Settlement).

**Class Counsel and available legal advice:** legal advice with respect to eligibility and harms experienced is available **at no cost to you** from Class Counsel, Gowling WLG, by contacting [dayschools@gowlingwlg.com](mailto:dayschools@gowlingwlg.com) or 1-844-539-3815.

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## **CLAIM FORM**

The Settlement provides for compensation to former Day School students who **both**:

a) **attended** Federal Indian Day School(s) and Federal Day

School(s) funded, managed and controlled by Canada **AND**  
b) **suffered abuse or harm from** teaching staff, officials,  
students and other third parties at the school.

To be eligible for compensation, students must not have already  
received a settlement from Canada for the same or related  
incident(s) at a Federal Indian Day School or Federal Day School  
as identified in this Claim Form.

Former Day School students are collectively identified as  
Survivor Class Members.

If you believe you are a Member of the Class, please complete  
this Claim Form to the best of your ability.

<b>Part 1</b>	Your name, contact details and date of birth	page 3
<b>Part 2</b>	Day School(s) and the years you attended	page 4
<b>Part 3</b>	Consent and Signature Page	page 5
<b>Part 4</b>	<b>IF claiming Level 1 Verbal / Physical Harm</b>	page 6
<b>Part 5</b>	<b>IF claiming Level 2, 3, 4, or 5 Sexual / Physical Harm</b>	pages 7-11
<b>Part 6</b>	Complete only if you are missing required document(s)*	page 12
<b>Part 7</b>	Complete only if you are a legal representative of a Claimant	page 13
<b>Before sending, please review the Retention Policy and Submission Process on pages 14 and 15</b>		

***Please make sure to keep a copy of your Claim Form  
and any attached documents for your personal records.***

***\* Do not send original photographs, identification or records –  
clear photocopies will be accepted.***

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**Part 1: Information of Former Day School Student (Claimant)**

**Claimant Name and Last Name (required)**

First Name:

Middle Name: (if applicable)

Last Name:

Other name(s) (if applicable) *Examples: name while attending the school, maiden name, adopted name, nickname, or E-Disc/W-Disc name/number (Inuit)*

Claimant's Date of Birth (required) If Claimant has died, Date of Death

DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_ DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_

Indian Status Card number or

Beneficiary number Social Insurance Number

\_\_\_\_\_ - - - - -

**Claimant Contact Details (required)**

Street Name and Number Unit Number (if applicable) City/Town/Community

Province/Territory Postal Code Country Home Telephone Number Mobile Telephone

Number Email Address (if available)

**Claimant's current Home Community or Communities (if applicable)**

*Examples: Name of First Nation, Town, Hamlet, or Settlement*

**Part 2: Where and When did you attend the School(s)?**

To be eligible for compensation, you must have attended an eligible Day School during the period when it was funded, managed and controlled by Canada (Class Period).

Day Schools covered by the Day School Settlement, along with their

opening and closing dates, are listed at [www.indiandayschools.com](http://www.indiandayschools.com) (Schedule K of the Settlement). **Identify the Day School you attended and years attended.** If you attended more than one (1) school, please list each separately below.

**Name of Day School #1**  
(required)

Reserve, Location or Community

Province or Territory

**First** Year of Attendance

Year attended (yyyy) or Age when attended

19 \_\_\_\_\_

**Last** Year of Attendance

Year attended (yyyy) or Age when attended 19 \_\_\_\_\_

\_\_\_\_\_

**Add additional details below only if  
you attended more than one Day School (if applicable)**

**Name of Day School #2**

Reserve, Location or Community

Province or Territory

**First** Year of Attendance

Year attended (yyyy) or Age when attended

19 \_\_\_\_\_

**Last** Year of Attendance

Year attended (yyyy) or Age when attended

19 \_\_\_\_\_

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### **Part 3: Claimant and Witness Signatures**

**Claims Administrator (Administrator) and Independent Assessor:** I recognize that the Administrator and Independent Assessor **do not**:

- represent the Day Schools or Canada;
- act as an agent or legal counsel for any party, and do not offer legal advice; and, ▪ have any duty to identify or protect legal rights of any party, or to raise an issue not raised by any party.

**Privacy:** I understand that it may be necessary:

- for the Administrator to disclose information provided in this Claim for verification to: Canada; the Independent Assessor; the Exceptions Committee (if applicable); and Class Counsel; and
- for Canada to disclose information in its possession to: the Administrator; the Independent Assessor; the Exceptions Committee (if applicable); and Class Counsel.

**Information in Claim Form:** I confirm that all of the information provided in this Claim Form is true to the best of my knowledge. Where someone helped me complete this Claim Form, that person has read to me everything they wrote and included with this Claim Form.

**Class Counsel and legal advice:** I understand that free legal advice is available from Gowling WLG by contacting [dayschools@gowlingwlg.com](mailto:dayschools@gowlingwlg.com) or 1-844-539-3815.

**Consent:** *I understand that by signing this Claim Form and submitting it to the Claims Administrator, I am consenting to the above, and to the disclosure of my personal information to be used and disclosed in accordance with the Settlement.*

**Other/Prior Settlement (required):**

Please check YES or NO to this question: have you already received money from Canada for the same abuse/harm at a Federal Indian Day School(s) or Federal Day School(s) as described in this Claim Form?

**This does not include Indian Residential Schools payments. If you are unsure, contact Class Counsel.**

Yes No

**Signature of Claimant**  
**(required)** Date

DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_

The **Witness** must only see the Claimant sign this page. They are not required to read the Claim nor to verify the accuracy of the events.

**Signature of Witness (required)** Date DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_

Witness Full Name - First, Last

Witness Address: Street Name and Number; Unit Number

City/Town/Community

Province/Territory Postal Code Country Witness Telephone Number Witness Email Address (if available)

**Part 4: Claim for Level 1 Harm – Verbal/Physical Abuse**

If the abuse/harm described in Level 1 (\$10,000) represents the most serious

abuse/harm(s) that you experienced while attending the Day School, please complete this section by placing a mark in the box below.

Abuse/harm may have been from teachers, officials, students, and/or other third parties.

If the abuse/harm in Level 1 does not represent the most serious harm(s)/abuse you experienced, please skip this section and complete a higher Claim Level (Levels 2 to 5) in Part 5, as appropriate.

### **LEVEL 1 – Description of Verbal / Physical Abuse or Harm**

#### **Verbal Abuse or Harm, including:**

- Mocking, or denigration (e.g. belittling or abusive language), or humiliation (e.g. shaming) by reason of Indigenous identity or culture; or
- Threats of violence or intimidating statements; or
- Sexual comments or provocations.

**OR**

#### **Physical Abuse or Harm, including:**

- Unreasonable or disproportionate acts of discipline or punishment.

### **LEVEL 1 – Selection**

**If the description of abuse/harm above represents the most serious abuse/harm that you experienced, please select Level 1 by placing a mark in this box.**

### **NEXT STEPS**

If you selected Level 1 above, no further description is required.

Please submit your claim form along with a photocopy of government issued piece of identification (e.g. Indian Status Card, Driver's license, Social Insurance Card, etc.).

**PLEASE PROCEED TO PARTS 6 and 7, if applicable, on pages 12-13, and review pages 14 and 15**

**Part 5: Claims Process for Levels 2, 3, 4, or 5**

**STEP 1: Identify the ABUSE or HARM you suffered from teachers, officials, students, and/or other third parties.**

LEVEL 2	LEVEL 3	LEVEL 4
<u>At least one sexual incident of any one of:</u>		
<ul style="list-style-type: none"> <li>▪ touching of genitals or private parts;</li> <li>▪ adult(s) exposing themselves;</li> <li>▪ fondling/kissing;</li> <li>▪ nude photos taken</li> </ul>	<ul style="list-style-type: none"> <li>▪ masturbation; ▪ oral intercourse;</li> <li>▪ attempted penetration</li> </ul>	<ul style="list-style-type: none"> <li>▪ penetration;</li> <li>▪ penetration with an object</li> </ul>

**Abuse / Harm LEVEL 5**

Repeated sexual incidents of any one of:

- masturbation;

an object

**Sexual Abuse/Harm**

- oral intercourse;
- penetration;
- penetration with

**OR**

**Physical Abuse**

During an incident of any one sexual abuse / assault

At least one incident of physical abuse / physical assault, causing:  
/ assault  
causing:

**Harm**

serious but temporary harm:

- injury requiring bed rest or infirmity stay (e.g., in school medical room or hospital);
- or
- loss of consciousness;
- or

**CAUSING:**



- broken bones
- permanent or long-term harm:
- injury; or
- impairment (e.g., physical or mental); or
- disfigurement

**STEP 2: Select your Claim Level, by placing a mark in one box below, for the Level of abuse / harm you suffered as identified above.**

Place a MARK

in ONE box:

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**Part 5: Claims Process for Levels 2, 3, 4, or 5**

**STEP 3: Provide SUPPORT for the Level selected by completing sections as listed below.**

<b>LEVEL 2</b>	<b>LEVEL 3</b>	<b>LEVEL 4</b>
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**SUPPORT LEVEL 5**

Your Identification

Provide a photocopy of government issued piece of identification (e.g. Indian Status Card, Driver's license, Social Insurance Card, etc.)

Your Written Narrative of events

List of position/ person(s) who inflicted or caused the abuse/harm

**Must complete 5A**

Evidence of School attendance  
**Required\***

<p><b>Only if available</b> Complete 5B</p>
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Complete 5C and attach documents

**Must complete 5B**

**Required\***

documents

Family / Friend narratives  
or other records

**Only if available**

Complete 5E and attach

**Required\***

Complete 5E and attach  
documents

Medical,  
Dental,  
Nursing or  
Therapy  
Records

<p><b>Or</b></p> <p>Comp documents</p> <p><b>Required*</b></p> <p>Complete 5D and attach</p>
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**\* If you do not have the documents marked above as Required\*, you must complete a Sworn Declaration; see Part 6**

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**Part 5: Claim for Levels 2, 3, 4, 5 only**

**Part 5A – Your Written Narrative (required)**

Please provide in writing, a description of the specific event(s) that led to the abuse/harm that you experienced when attending the Day School, related to your Level 2, 3, 4 or 5 claim above. **If you require additional space, please attach pages to your Claim Form and reference this section.**

Please include the following:

- Description of events including names, places and dates (to the best of your ability)
  - If applicable: describe medical attention required / sought / received at the time and/or currently as directly related to the abuse/harm suffered at the Day School

**Part 5: Claim for Levels 2, 3, 4, 5 only**

**Part 5B – List of position / person(s) who inflicted abuse/harm**

List of position / person(s)  
who caused abuse/harm

Please provide names / descriptions and/or positions of person(s) (e.g. teaching staff, officials, students and other third parties) who caused abuse/harm to you while you attended the Day School. If you need more space, please attach pages to your Claim Form and reference this section (Part 5B).

**Name / Description and / or Position**

**Part 5C – Evidence of Attendance**

Required\*

Attach school records

**\* If you do not have the required documents for Level 2, 3, 4 and 5, complete Part 6: Sworn Declaration \***

Please list below and attach to this Claim Form, evidence of your school attendance, including copies of any of your school records issued by the Day School(s) you attended, during any of the years of your attendance. Examples may include copies of:

- Report Cards ▪ Letter(s) from teacher or yearbook or school
- Enrolment Forms ▪ principal articles
- Class Photographs ▪ Other Records, like

List the record(s) attached to this Claim Form:

**Part 5: Claim for Levels 2, 3, 4, 5 only**

**Part 5D – Other narratives and records**

\*

Attach Family / Friend narratives or other records

**\* If you do not have the required documents for Levels 4 or 5,**

**complete Part 6: Sworn Declaration \***

Please list below and attach to this Claim Form, copies of other written narratives from friends/family and/or other records that support the events and incident(s) that led to the abuse(s)/harm(s) you experienced while attending the Day School(s). Examples may include:

- Family narratives
- Friend narratives
- Diaries
- Photographs
- Other

List the narratives / records attached to this Claim Form:

**Part 5E – Medical / Dental / Nursing / Therapy Records**

Attach Medical, Dental, Nursing  
and / or  
Therapy Records

\*

**\* If you do not have the required documents for Levels 4 or 5,  
complete Part 6: Sworn Declaration \***

Please list below and attach to this form any copies of medical, dental, nursing and/or therapy records that support your claim. This may include current or past health records that document the injury you suffered and any lasting effect to this day. List the Medical records attached to this Claim Form:

**Part 6: Sworn Declaration**

**Sworn Declaration if any missing required document(s) (if applicable)**

You must complete the following Sworn Declaration **only if** you are missing one or more of the **required** documents:

- for **Level 2, 3, 4 or 5 documents**(see page 8), **and/or**
- a photocopy of government issued piece of identification

A Sworn Declaration is a statement signed by the claimant **and any one of the following** Guarantors, with Titles:

- Notary Public or Commissioner of Oaths including Northern Villages' Secretary Treasurer  
Elected Official or Community leader (e.g. Chief, Councilor, Inuit Community Leader)
- Other Professional (e.g. Lawyer, Doctor/Physician, Accountant (CPA), Police Officer)

Sworn Declaration by Claimant:

***I declare that the information I have provided is true to the best of my knowledge***

Claimant Full Name - First, Last

**Signature of Claimant Date**

DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_

**Above declaration must be witnessed by a Guarantor.**

The Guarantor only needs to see the Claimant sign this page. As Guarantor, you are not required to read the Form or verify the accuracy of the events described in this Form.

**Guarantor must complete all fields below.**

Guarantor Full Name - First, Last

Guarantor Title Position Organization Guarantor Address: Street Name and

Number; Unit Number (if applicable) City/Town/Community

Province/Territory Postal Code Country Telephone Number Email Address (if available)

**Signature of Guarantor** <sup>Date</sup>

DD\_\_\_\_MM\_\_\_\_YY\_\_\_\_

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**If applicable, a Personal Representative must be either:**

Appointed by a Court to manage or make reasonable judgments or decisions in respect of the affairs of the person under disability

OR

The Estate Executor or Administrator, appointed by a Court or the Crown-Indigenous Relations and Northern Affairs Canada (INAC/CIRNAC), on behalf of a Claimant who is deceased on or after July 31, 2007

To become appointed as a Personal Representative for a deceased Claimant that lived on reserve, please contact INAC/CIRNAC at: 1-800-567-9604. All other appointments are managed by the local Province or Territory.

If you are applying as a Representative, on behalf of a Claimant,

check this box: **Yes** **If you selected Yes, Representative to provide details below**

Representative Full Name - First, Last

Representative Address: Street Name and Number; Unit Number

City/Town/Community

Province/Territory Postal Code Country Telephone Number Email Address (if

available)

**Relationship to the Claimant:**

## Documentation Required

### Powers of Attorney Executors / Administrators

- Court Order; or
- Documentation that shows you have Power of Attorney over the Claimant's finances.
- Death Certificate and a Will;
- Revenue Québec Estate Form; or
- Order or Grant of Administration from a Court; or
- Letters of Administration from INAC/CIRNAC

List the attached documentation you have included:

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### Retention of Claim Form and Documents

B) Returned to you; Or

You can choose to have your Claim Form and supporting documents attached to the form: C) Delivered to the Legacy Fund\*

**Please check one:**

Destroy  Return  Legacy\*

A) Securely Destroyed; Or

\* Under the Settlement Agreement, the McLean Day Schools Settlement Corporation will be established to promote Legacy Projects for commemoration, wellness/healing, and the restoration and preservation of Indigenous languages and culture. The Corporation will be managed by Directors (to be appointed by the Parties to the Agreement), with input from an Advisory Committee (representative of Indigenous survivors and their families). For more information, refer to the Agreement and visit [[www.indiandayschools.com](http://www.indiandayschools.com)].



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**Submission Process**

**Claim Due By: July 13, 2022**

<b>Before sending, please make sure your Claim Form package includes the following:</b>	
	<b>Claimant name and contact information</b> in Part 1
	<b>Attached</b> a photocopy of government issued piece of identification (e.g. Indian Status Card, Driver's license, Social Insurance Card, etc.), <b>or</b> if unavailable, had a guarantor sign the claim form (page 12) in Part 6
	<b>Names and details for School(s) attended</b> by the Claimant in Part 2
	<b>Signatures of Claimant and Witness</b> in Part 3

	<p><b>Selected ONE claim Level 1-5:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Level 1 – Verbal/Physical Abuse/Harm:</b> <ul style="list-style-type: none"> <li>▪ ticked the box on page 6 in Part 4</li> </ul> </li> </ul>
	<p><b>OR</b></p>
	<ul style="list-style-type: none"> <li>▪ <b>Levels 2, 3, 4, or 5 – Sexual/Physical Abuse/Harm:</b> <ul style="list-style-type: none"> <li>▪ ticked one box on page 7 and</li> <li>▪ completed Part 5 including <b>written narrative</b> (page 9), and</li> <li>▪ <b>attached documents</b> or had a guarantor sign the claim form in Part 6 (page 12)</li> </ul> </li> </ul>
	<p><b>For Representatives</b>, completed Part 7 <u>only if you are a representative</u> submitting this claim on behalf of Claimant</p>

**PLEASE SEND YOUR CLAIM PACKAGE:**

To: Indian Day Schools Class Action Claims Administrator, c/o  
Deloitte **By Mail:** PO Box 1775, Toronto, ON, Canada, M5C 0A2 , or  
**By Fax:** 416-366-1102 , or  
**By Email:** [indiandayschools@deloitte.ca](mailto:indiandayschools@deloitte.ca)

**Please make a copy of your Claim Form and any attached documents for your personal records.**

**Original photographs or records are not required.**

For questions or to report an address change, contact **1-888-221-2898**