

HEALTH DISCRIMINATION

COOPER REGEL, a member of Masuch Law LLP, in conjunction with Koskie Minsky LLP is considering the possibility of filing a class action against Canada, certain provinces' including Alberta, Ontario, and Manitoba as well as, potentially, certain health institutions wherein it may be alleged that there was discrimination in the provision of medical services against Inuit, First Nations, and Métis people. **At this point it has not been decided to proceed.** We are simply gathering information that may lead to a claim.

If you need more room to answer any of the questions, please use the space at the end of the questionnaire. The potential claim is not about medical malpractice or poor health services unless it is related to racial discrimination.

**** This is a questionnaire that asks you to provide information about events which may cause or renew trauma. Please ensure that you have appropriate counselling and support in place before you start filling out the information. Pick a good time and a safe place to complete the questionnaire. There is no urgency. ****

You are welcome to fill this questionnaire out for someone who cannot speak for themselves and is not able to provide the information directly (recently deceased, babies, juveniles, mentally incapacitated, elderly).

Please return this form by email: info@CooperRegel.ca
or Fax: 780-570-8467
or mail: Cooper Regel
77 Chippewa Road
Sherwood Park AB T8A 6J7
Toll Free: 1-800-994-7477

QUESTIONNAIRE

NAME (First, Middle, Last): _____

OTHER NAMES : _____

by which you have been known _____

ADDRESS: _____

EMAIL: _____

TELEPHONE & CELL: _____

DATE OF BIRTH: _____

IF DECEASED, DATE OF DEATH _____

WHERE WERE YOU BORN: _____

Status Non-Status Indian Métis Inuit None

PLEASE NOTE: At this time, WE ARE NOT RETAINED and you are not our client. This information is collected for our database for information and contact purposes only.

Questions below refer to your experience that you believe was based on racial discrimination because of your Indigenous heritage.

HEALTH CARE FACILITY

1. Which health care facility did you go to and when? Please provide details about the facility, including the names of anyone that you remember:

2. How did you get to the health care facility?

3. Why did you attend the health care facility? What were your medical concerns?

4. Did you experience/notice/come in contact with any of the following: If Yes, please explain:

- someone mentioning you were First Nations, Metis, Inuit;
- difficulty getting to the facility;
- being ignored or denied care;
- being unattended to in a reasonable time;
- being treated differently than others;
- someone made assumptions about you;
- rude/insensitive comments or questions;
- difficulties in communication;
- difficulties while filling out paperwork;
- other mistreatment based on racial discrimination (please explain)

5. Why do you think this was based on racial discrimination based on your Indigenous heritage:

6. Did you tell anyone about your concerns? (who and when)? Did you notice any action being taken?

7. Please tell us anything else that you think we should know in regards to racial discrimination in healthcare system:

Dated at _____, this _____ day of _____, 20__.

Signature

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