



THE HONOURABLE MICHEL BASTARACHE, C.C., Q.C.  
INDEPENDENT ASSESSOR

## REQUEST FOR RECONSIDERATION OF A LEVEL 2 CLAIM

### NOTE TO CLAIMANTS

This *Request for Reconsideration of a Level 2 Claim* Form is part of the out-of-court Settlement. At the Claim Form stage, the Independent Assessor considered the information that you provided in order to decide how much compensation to award you.

This settlement provided for compensation based on levels. For those claims where it was clear that the claim was a Level 1 claim or a Level 2 claim, the Independent Assessor dealt with the claim without an interview.

However, claimants whose claim is assessed as a Level 2 claim can ask the Independent Assessor to reconsider his decision. The Claimant must show two things:

1. There are reasonable grounds showing there should be an interview to decide the Claim;
2. There are more documents or information that was not available prior to getting the decision from the Independent Assessor.

**You have only 30 days from the day you received the Independent Assessor's decision telling you you had a Level 2 claim to ask him to reconsider. Please provide any new documents when you provide this Reconsideration Form.**

There will be no right to appeal or seek judicial review of the Independent Assessor's reconsideration

If you have any questions regarding this Claim Form or the Independent Claims Process, please call 1 44-348-0776 or email your request to [info@merlodavidson.ca](mailto:info@merlodavidson.ca).

This form must be completed and sent to the Independent Assessor, along with any additional sheets of paper, as well as a photocopy of a government issued piece of identification. If convenient, this form can be completed online on the secure server managed by the Independent Assessor. If you choose to complete it by hand, please send it back by mail and **NOT** by email. If the form was sent to you by mail, please use the prepaid self-addressed envelope that was provided with it. If you do not have a prepaid self-addressed envelope, please place the form along with the rest of the required material in an envelope addressed to:

Confidential Letter  
Office of the Independent Assessor  
130, Albert Street, Suite 1103  
Ottawa (Ontario) K1P 5G4

**ALL CLAIMS ARE CONFIDENTIAL.**



# REQUEST FOR RECONSIDERATION OF A LEVEL 2 CLAIM

## SECTION A – PERSONAL INFORMATION

You may check all relevant boxes that apply to you:

- RCMP member
- Civilian member
- Auxiliary constable
- Special constable member
- Reserve member
- Cadet
- Public service employee
- Temporary civilian employee

### 1 NAME

\_\_\_\_\_  
First Name(s) Last Name

\_\_\_\_\_  
Other names you are known by (for example, maiden name, nicknames)

\_\_\_\_\_  
Name while employed by the RCMP

\_\_\_\_\_  
Rank / Classification Regimental Number/ Personal Record Identifier (PRI)

### 2 MAILING ADDRESS

\_\_\_\_\_  
Street name and number Apartment number, P.O. Box or RR#

\_\_\_\_\_  
City/Village Province/Territory Postal Code









**DECLARATION**

I, \_\_\_\_\_, from the City of \_\_\_\_\_, in the province of \_\_\_\_\_,

**SOLEMNLY DECLARE:**

I understand that the Assessor can verify the truthfulness of my statements and allegations by seeking information necessary to properly determine my request for reconsideration from third parties, including the RCMP. The Assessor shall put to the claimant any information that may be unfavourable to the claimant’s allegations and give her the opportunity to respond.

I confirm that all of the information provided in this Request for Reconsideration of a Level 2 Claim Form is true, whether made by me or on my behalf. Where someone has helped me with this Request for Reconsideration of a Level 2 Claim Form, that person has read to me everything they wrote and included with this Request for Reconsideration of a Level 2 Claim Form, if necessary to allow me to understand the content of this completed Request for Reconsideration of a Level 2 Claim Form and any attachments to it, and I confirm that this information is true.

I ACCEPT THAT SIGNING THIS REQUEST FOR RECONSIDERATION OF A LEVEL 2 CLAIM FORM HAS THE SAME EFFECT AS IF I HAD STATED THE INFORMATION CONTAINED IN THE REQUEST FOR RECONSIDERATION OF A LEVEL 2 CLAIM FORM AND ACCOMPANYING THE CLAIM FORM UNDER OATH (OR AFFIRMATION) IN COURT.

\_\_\_\_\_  
**Witness Signature**  
(The witness must be a Commissioner for taking affidavits or someone you personally know. The witness must see you sign the form but is not required to read the form.)

\_\_\_\_\_  
**Claimant (or guardian) Signature**

\_\_\_\_\_  
**Print name of the witness**

\_\_\_\_\_  
**Date** (day/month/year)

\_\_\_\_\_  
**Date** (day/month/year)