CLAIMS FORM QUESTIONNAIRE

To be eligible to receive money from the settlement, you must complete and return this questionnaire by <u>uploading your completed form to www.EEOCDelTacoSettlement.com by January 31, 2022</u>. The U.S. Equal Employment Opportunity Commission ("EEOC") will use this information to determine your eligibility.

Please complete this questionnaire to the best of your ability and return to the <u>www.EEOCDelTacoSettlement.com</u> before <u>January 31, 2022</u>. Your responses must be provided under oath and under penalty of perjury. Failure to submit your claim by the date specified may result in disqualification from the settlement fund. If you need assistance completing or submitting this questionnaire, you can contact the Claims Administrator, Phoenix Class Action Administration at 1-800-523-5773 or by email at: Notice@phoenixclassaction.com. To get in contact with an EEOC representative, please email lado.legal@eeoc.gov.

The EEOC may contact you if it determines additional information is necessary to evaluate your claims. Once the EEOC makes a determination on your eligibility, the EEOC will communicate with you about what additional steps will be required prior to your receipt of any monetary relief. As such, please be sure to keep the EEOC informed about any change in your contact information as your eligibility may be affected if we are unable to contact you.

Thank you in advance for providing this information.

First N	Jame:	Last Name:			
Date of	of Birth://	SSN:			
Mailir	ng Address:	Cell Phone:			
City: _		Home Phone:			
State:		Email Address:			
Zip Code:		Alternate Contact Person: Relationship: Phone & Email:			
II. Er	nployment History at Del Taco				
1.	Are you currently employed with Del Taco	? Yes/No			
2.	For each position held at Del Taco, provide your job title, the Del Taco store location that you worked at (address and store number, if known), approximate dates of employment, and the names of your respective General Manager and Shift Manager, if known and applicable.				

Job Title:	
Del Taco Store Address:	
Dates of employment:	

I.

Name and Contact Information

General Manager:
Shift Manager:
Job Title:
Del Taco Store Address:
Dates of employment:
General Manager:
Shift Manager:
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III. Hostile Work Environment Based on Sex at Del Taco

1. During your employment with Del Taco, did you experience or witness any inappropriate sexual conduct at work?

Inappropriate sexual conduct at work can turn the workplace into a sexually hostile work environment. This can happen if the conduct is directed at you personally, or you witnessed or were otherwise aware of that conduct and it was directed at another female employee or customer. The harassing employee could be a Del Taco co-worker, shift manager, general manager, or any other Del Taco employee.

A wide range of conduct may fit into the category of inappropriate sexual conduct or sexual harassment, depending on the circumstances. For example, this may include comments about your appearance or your body, discussions of a sexual nature at work, unwanted hugs or touching of your waist or any other part of your body, unwanted invitations out, leering or staring that made you feel uncomfortable, questioning you about your personal relationships, physical intimidation, taking photos of you without permission, and drawing graffiti that includes sexual imagery or language. These are only examples and you may have experienced other conduct that could be deemed sexual harassment.

Yes <u>No</u>

Did you witness or experience directly any of the following at work?

 Verbal comments about women's bodies 	 Leering or staring that makes you uncomfortable
□ Verbal sexual comments	Questions of a sexual nature or regarding your personal relationships
□ Attempts to touch your body	
	□ Taking photos of you
□ Attempts to hug or kiss you	
	□ Graffiti that includes sexual imagery or
□ Close unnecessary contact with your body, such as touching of the waist	language
	□ Singing song lyrics with sexual connotations
□ Invitations to spend time together	
outside of work	□ Instructions to perform work that made you uncomfortable, such as climbing ladders or bending over unnecessarily

	□ Other					
□ Physica at work	ll intimidation, such as cornering you					
W	Tho engaged in this inappropriate sexual	al conduct?				
	Name (if known):	Job Title (if known):				
	Name (if known):	Job Title (if known):				
	Name (if known):	Job Title (if known):				
Approximately when did this occur?						
2.						
	Who did you complain to regarding inappropriate sexual conduct?					
	Name (if known):	Employer/Job Title:				
Approximately when did you complain? (if known)						
	 What was the content of your complaint (what did you say)? I complained about sexual comments I complained about unwanted touching of my body I complained about being uncomfortable around male managers or co-workers Other: If you did not complain to anyone regarding the conduct, what were the reasons why you did not complain?					
	□ I didn't know who to compl	hanager, because my manager was the harasser b or my hours being reduced beriencing sexual harassment				

If you did not complain, please skip to section IV.

4. After you complained, were you treated differently at work?

Yes <u>No</u>

IV. Damages

1. How did the inappropriate sexual conduct you describe above make you feel?

Uncomfortable	□ Upset
□ Afraid	□ Loss of self-esteem
Embarrassed	□ Sleeplessness
\Box Sad	
□ Anxious	\Box All of the above
□ Stressed	□ Other

2. As a result of the inappropriate sexual conduct, did you seek medical or psychiatric treatment?

Yes _____ No _____

3. As a result of the inappropriate sexual conduct, did you suffer any other adverse consequences or financial difficulties?

Yes _____ No _____

- □ I lost income because I quit working at Del Taco
- □ I was unable to pay my rent, or my bills
- □ I was evicted or had my car repossessed
- $\hfill\square$ I became disabled and could not work
- □ I was uncomfortable working around men or working with male managers
- □ My personal relationships were affected

□ Other _____

I, _____, declare under oath and penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my memory.

Executed on		, in		,		·
	DATE		CITY		STATE	
		SIGNED NAI	ME		_	