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February 22, 2022

**Via Certified Mail**

Los Medanos Community Healthcare District  
Lamar Thorpe, Executive Director  
P.O. Box 8698, Pittsburg CA 94565-8698

***Re: Jocelyn Munoz / Los Medanos Community Healthcare District; Lamar Thorpe;  
et al.***

To Whom it May Concern:

On behalf of Jocelyn Munoz, please see the attached Notice of Government Tort Claim and enclosures.

Very Truly Yours,

Ashley N. Pellouchoud

Encls.

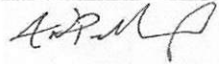
CLAIMANT INFORMATION					
LAST NAME Munoz		FIRST NAME Jocelyn		MIDDLE INITIAL	
INMATE OR PATIENT IDENTIFICATION NUMBER (if applicable)		BUSINESS NAME (if applicable)			
TELEPHONE NUMBER		EMAIL ADDRESS			
MAILING ADDRESS		CITY			
IS THE CLAIMANT UNDER 18 YEARS OF AGE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		INSURED NAME (Insurance Company Subrogation)			
IS THIS AN AMENDMENT TO A PREVIOUSLY EXISTING CLAIM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EXISTING CLAIM NUMBER (if applicable)		EXISTING CLAIMANT NAME (if applicable)	
ATTORNEY OR REPRESENTATIVE INFORMATION					
LAST NAME Pellouchoud		FIRST NAME Ashley		MIDDLE INITIAL	
TELEPHONE NUMBER (415) 545 - 8608		EMAIL ADDRESS ashley@attorneytanya.com			
MAILING ADDRESS 825 Van Ness Avenue Suite 502		CITY San Francisco		STATE CA	ZIP 94109
CLAIM INFORMATION					
STATE AGENCIES OR EMPLOYEES AGAINST WHOM THE CLAIM IS FILED Los Medanos Community Healthcare District; Lamar Thorpe				DATE OF INCIDENT See attachment	
LATE CLAIM EXPLANATION (Required, if incident was more than six months ago)					
DOLLAR AMOUNT OF CLAIM Exceeds \$10,000		CIVIL CASE TYPE (Required, if amount is more than \$10,000) <input type="checkbox"/> Limited (\$25,000 or less) <input checked="" type="checkbox"/> Non-Limited (over \$25,000)			
DOLLAR AMOUNT EXPLANATION See attachment					
INCIDENT LOCATION See attachment					
SPECIFIC DAMAGE OR INJURY DESCRIPTION See attachment					
CIRCUMSTANCES THAT LED TO DAMAGE OR INJURY See attachment					
EXPLAIN WHY YOU BELIEVE THE STATE IS RESPONSIBLE FOR THE DAMAGE OR INJURY See attachment					

**AUTOMOBILE CLAIM INFORMATION**

DOES THE CLAIM INVOLVE A STATE VEHICLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	VEHICLE LICENSE NUMBER(if known)	STATE DRIVER NAME (if known)
HAS A CLAIM BEEN FILED WITH YOUR INSURANCE CARRIER? <input type="checkbox"/> Yes <input type="checkbox"/> No	INSURANCE CARRIER NAME	INSURANCE CLAIM NUMBER
HAVE YOU RECEIVED AN INSURANCE PAYMENT FOR THIS DAMAGE OR INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT RECEIVED (if any)	AMOUNT OF DEDUCTIBLE(if any)

**NOTICE AND SIGNATURE**

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).

SIGNATURE 	PRINTED NAME Ashley Pellouchoud	DATE February 22, 2022
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**INSTRUCTIONS**

- Include a check or money order for \$25, payable to the State of California.
  - \$25 filing fee is not required for amendments to existing claims.
- Confirm all sections relating to this claim are complete and the form is signed.
- Attach copies of any documentation that supports your claim. Do not submit originals.

Mail the claim form and all attachments to:  
Office of Risk and Insurance Management  
Government Claims Program  
P.O.Box 989052, MS414  
West Sacramento, CA 95798-9052

Claim forms can also be delivered to:  
Office of Risk and Insurance Management  
Government Claims Program  
707 3rd Street, 1st Floor  
West Sacramento, CA 95605  
1-800-955-0045

**Department of General Services Privacy Notice on Information Collection**

This notice is provided pursuant to the Information Practices Act of 1977, California Civil Code Sections 1798.17 & 1798.24 and the Federal Privacy Act (Public Law 93-579).

The Department of General Services (DGS), Office of Risk and Insurance Management (ORIM), is requesting the information specified on this form pursuant to Government Code Section 905.2(c).

The principal purpose for requesting this data is to process claims against the state. The information provided will/may be disclosed to a person, or to another agency where the transfer is necessary for the transferee-agency to perform its constitutional or statutory duties, and the use is compatible with a purpose for which the information was collected and the use or transfer is accounted for in accordance with California Civil Code Section 1798.25.

Individuals should not provide personal information that is not requested.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested to DGS, or if the information provided is deemed incomplete or unreadable, this may result in a delay in processing.

**Department Privacy Policy**

The information collected by DGS is subject to the limitations in the Information Practices Act of 1977 and state policy (see [State Administrative Manual 5310-5310.7](#)). For more information on how we care for your personal information, please read the [DGS Privacy Policy](#).

**Access to Your Information**

ORIM is responsible for maintaining collected records and retaining them for 5 years. You have a right to access records containing personal information maintained by the state entity. To request access, contact:

DGSORIM  
Public Records Officer  
707 3<sup>rd</sup> St., West Sacramento, CA 95605  
(916) 376-5300

**NOTICE OF GOVERNMENT TORT CLAIM**  
**JOCELYN MUNOZ v. LOS MEDANOS COMMUNITY HEALTHCARE DISTRICT, LAMAR THORPE, et al.**

**PUBLIC ENTITY ON NOTICE OF GOVERNMENT TORT CLAIM**

Los Medanos Community Healthcare District  
Lamar Thorpe, Executive Director  
P.O. Box 8698, Pittsburg CA 94565-8698

**CLAIMANT:** Jocelyn Munoz

**CLAIMANT NAME & ADDRESS:**

Jocelyn Munoz  


**ADDRESS CLAIMANT PREFERS NOTICE TO BE SENT:**

Jocelyn Munoz via Counsel  
Attn: Ashley Pellouchoud  
Law Offices of Tanya Gomerman  
825 Van Ness Ave, Suite 502  
San Francisco, CA 94109

**PUBLIC ENTITY CAUSING INJURY:** Los Medanos Community Healthcare District

**PUBLIC EMPLOYEE CAUSING INJURY:** Lamar Thorpe

**DATE & CIRCUMSTANCES OF INJURY:** Jocelyn Munoz worked for Los Medanos Community Healthcare District ("the District") for approximately eight months, from early 2021 to September 2, 2021, when she was forced to resign her position. Ms. Munoz's resigned due to sexual harassment, unwanted sexual advances, hostile working conditions, and other unlawful actions resulting from Executive Director Lamar Thorpe's misconduct, and the District's inaction, despite having knowledge of that misconduct. See Exhibit A (Resignation Letter). Thorpe's unwanted sexual advances, harassment, and other unlawful behavior continued until Ms. Munoz resigned on September 2, 2021. Ms. Munoz has been injured as a result of Thorpe's misconduct and the District's inaction. Moreover, Ms. Munoz was forced to resign her employment as a result of Thorpe's misconduct and the District's inaction and has been harmed economically in the form of lost wages and emotional distress damages.

**AMOUNT SOUGHT:** Exceeds \$10,000

# EXHIBIT A

September 3, 2021

Patt Young  
President, Board of Directors  
2311 Loveridge Rd.  
Pittsburg, CA 94565

Subject: Sexual misconduct, harassment and hostile working conditions

To whom this may concern,

I am writing this letter because in the past 8 months that I have been employed with Los Medanos Community Healthcare District I have experienced many levels of harassment and very high levels of hostile working conditions from board members and management. LMCHD has a culture of disrespect, bullying and harassment. For example, board members berating staff during public meetings, board members directly calling staff on their personal devices and criticizing how staff does their job.

In the season of the AB 903 celebration in early July 2021, my partner and I met with the executive director for LMCHD, Lamar Thorpe at La Plazuela in Antioch, CA to socialize and celebrate the win. While we were seated, Lamar came between my partner and I, looked down at my leg and grabbed my leg; specifically my calf. While still holding my calf, he acknowledged the act and said "this is sexual harassment, I should stop" and let go. In that same instance, my partner and I agreed to his statement and said "yeah what are you doing?!" Being fearful of my job, status and Lamar's social status as Mayor of Antioch and executive director I felt his simple acknowledgment was sufficient and I physically moved on, but mentally I still felt trapped.

Following that traumatizing experience, I witnessed another horrifying act on August 30, 2021 at the CSDA conference where I saw Lamar inappropriately grope my colleague when we (my partner, my colleague and executive director) were out socializing and walking back to our hotel.

Immediately following the grope, my colleague got my undivided attention, looked me in my eyes and said, "PLEASE walk me back to my room". My partner and I escorted my colleague to her room, and Lamar opened his hotel room door to check on us and gave us a sinister look. At that moment, my partner and I left to our hotel room.

The next day on August 31, 2021 my colleague, my partner, Lamar and I went to lunch and were discussing what other seminars to attend, that's where Lamar joked about attending the "sexual harassment training and prevention" and also joked about the inappropriate grope that happened the night before.

My colleague and I in fact attended the sexual harassment and prevention seminar and received certificates of completion.

Later that evening of August 31, 2021 my colleague, my partner and I were having dinner and Lamar texted us "are y'all coming to this reception?" referring to the conference networking mix and mingle. We did not respond and saw Lamar walk by our table and he ignored us. A few minutes later Lamar approached our table and said "Hey haters!" and made two inappropriate hand gestures, showing his middle fingers and walked away.

The next day on September 1, 2021 my colleague and I attended the SDRMA full plated breakfast with keynote speaker Jason Hewlett. I was horrified at the gestures Jason was doing; he was violently thrusting his crotch and grabbing his belt buckle at the room filled with 700 other attendees who were laughing and clapping. I was horrified at the fact that I sat through a 3 hour sexual harassment seminar explaining what Jason did was not ok and we excused ourselves.

Later that same evening of September 1, 2021 Lamar texted my colleague and I "yo y'all wanna go to Rolando's house". I politely declined, and then I heard a knock on my hotel door. I did not answer fearing that it was Lamar. A few seconds later Lamar called me and asked if I was in my room, confirming that the knock was him. He requested to meet with me to have a discussion.

During the discussion he acknowledged the level of discomfort that he was feeling about the conversation and also stated that he didn't want to have it. He opened with "are we cool?" At that moment I felt cornered, trapped, triggered and manipulated into having to relive the events that happened on Monday night. The conversation went on for 15 minutes to which he was trying to get a temperature check on the situation at hand. At the end of the conversation, he asked what he could do to make things better. We met up with my partner inside the restaurant where he then approached my partner apologized to him, shook his hand then excused himself.

The final day, September 2, 2021 as we were all exiting the conference, I approached Lamar to quickly discuss my personal expense reimbursement for the conference. I said thank you, and he then proceeded to walk with me and said, "you still don't seem ok" referring to the events from Monday and the conversation we had the night before on August 31, 2021. I quickly made an excuse to try to avoid anymore discussion regarding Monday night, but that didn't help and I ended the conversation by stating I wouldn't be comfortable with anymore continued unwanted advances.

I hope this reveals the level of unprofessionalism at LMCHD, and I hope that this matter gets resolved in the best and most appropriate way. These past events have severely hindered my efficiency at work, my mental health and I don't know how I can support LMCHD as an employee.

Jocelyn Munoz

-aw Offices of Tanya Gomeran  
325 Van Ness Avenue Suite 502  
San Francisco, CA 94109

Los Medanos Community Healthcare District  
Lamar Thorpe, Executive Director  
P.O. Box 8698  
Pittsburg CA 94565-8698

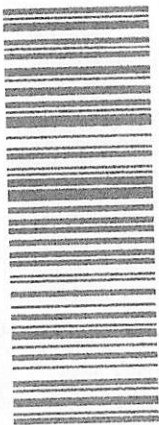
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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><b>X</b></p>													
<p>1. Article Addressed to:</p> <p>Los Medanos Community Healthcare District Lamar Thorpe, Executive Director P.O. Box 8698 Pittsburg CA 94565</p> <p>9590 9402 5785 0034 1385 92</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>													
<p>2. Article Number (Transfer from service label)</p> <p>7020 0640 0000 7737 7918</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>													
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>3. Service Type</p> <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Registered Mail Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr></table> <p>Restricted Delivery</p>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
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Domestic Return Receipt

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