LAW OFFICES OF
TANYA GOMERMAN
A PROFESSIONAL CORPORATION

Tanya Gomerman, Esq.
Maria Bourn, Esq.
Ashley Pellouchoud, Esq.
Michael Brooks, Esq.
Sol Nunez, Esq.

February 22, 2022

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

Re: Jasmine Cisneros / Los Medanos Community Healthcare District; Lamar Thorpe; et al.

To Whom it May Concern:

On behalf of Jasmine Cisneros, please see the attached Notice of Government Tort Claim and enclosures.

Very Truly Yours,

Ashley N. Pellouchoud

Encls.

ashley@attorneytanya.com ◆ phone: 415-545-8608 ◆ fax: 855-545-8608 ◆ 825 Van Ness Avenue, Suite 502 San Francisco, CA 94109

STATE OF CALIFORNIA
GOVERNMENT CLAIM
DGS ORIM 006 (Rev. 08/19)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF RISK AND INSURANCE MANAGEMENT

CLAIMANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
Cisneros	Jasmine	

INMATE OR PATIENT IDENTIFICATION NUMBER (if applicable)	BUSINESS NAME(if applicable)

TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	[redacted]

MAILING AD[redacted]	CITY	STATE	ZIP
	Bay Point	CA	94565

IS THE CLAIMANT UNDER 18 YEARS OF AGE?	INSURED NAME(Insurance Company Subrogation)
☐ Yes ☒ No	

IS THIS AN AMENDMENT TO A PREVIOUSLY EXISTING CLAIM?	EXISTING CLAIM NUMBER (if applicable)	EXISTING CLAIMANT NAME(if applicable)
☐ Yes ☒ No		

ATTORNEY OR REPRESENTATIVE INFORMATION

LAST NAME	FIRST NAME	MIDDLEINITIAL
Pellouchoud	Ashley	

TELEPHONE NUMBER	EMAIL ADDRESS
(415) 545 - 8608	ashley@attorneytanya.com

MAILING ADDRESS	CITY	STATE	ZIP
825 Van Ness Avenue Suite 502	San Francisco	CA	94109

CLAIM INFORMATION

STATE AGENCIES OR EMPLOYEES AGAINST WHOM THECLAIM IS FILED	DATE OF INCIDENT
Los Medanos Community Healthcare District; Lamar Thorpe	See attachment

LATE CLAIM EXPLANATION (Required, if incident was more than six months ago)

DOLLAR AMOUNT OF CLAIM	CIVIL CASE TYPE(Required, if amount is more than $10,000)
Exceeds $10,000	☐ Limited ($25,000 or less) ☒ 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

STATE OF CALIFORNIA
GOVERNMENT CLAIM
DGS ORIM 006 (Rev. 08/19)

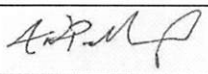
DEPARTMENT OF GENERAL SERVICES
OFFICE OF RISK AND INSURANCE MANAGEMENT

AUTOMOBILE CLAIM INFORMATION

DOES THE CLAIM INVOLVE A STATE VEHICLE? ☐ Yes ☒ No	VEHICLE LICENSE NUMBER(if known)	STATE DRIVER NAME (if known)
HAS A CLAIM BEEN FILED WITH YOUR INSURANCE CARRIER? ☐ Yes ☐ No	INSURANCE CARRIER NAME	INSURANCE CLAIM NUMBER
HAVE YOU RECEIVED AN INSURANCE PAYMENT FOR THIS DAMAGE OR INJURY? ☐ Yes ☐ 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	DATE
	Ashley Pellouchoud	February 22, 2022

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:

DGS ORIM
Public Records Officer
707 3rd St., West Sacramento, CA 95605
(916) 376-5300

NOTICE OF GOVERNMENT TORT CLAIM
JASMINE CISNEROS 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: Jasmine Cisneros

CLAIMANT NAME & ADDRESS:
Jasmine Cisneros
[redacted]

ADDRESS CLAIMANT PREFERS NOTICE TO BE SENT:
Jasmine Cisneros 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: Jasmine Cisneros worked for Los Medanos Community Healthcare District ("the District") as a Community Outreach Specialist from approximately early 2020 to November 4, 2021, when she was forced to resign her employment. Ms. Cisneros 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. Ms. Cisneros has been injured as a result of Thorpe's misconduct and the District's inaction. Thorpe's unwanted sexual advances, harassment, and other unlawful behavior continued until Ms. Cisneros resigned. Ms. Cisneros 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

Ness Avenue Suite 502
ıcisco, CA 94109

$7.33
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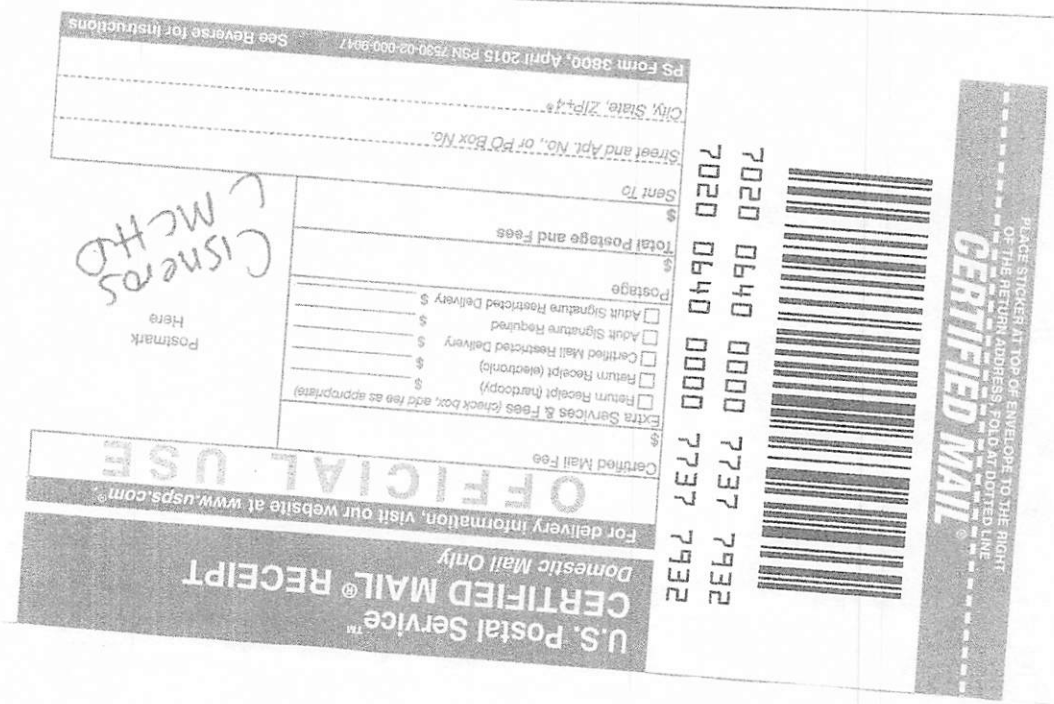
Los Medanos Community Healthcare District
Lamar Thorpe; Executive Director
P.O. Box 8698
Pittsburg CA 94565-8698



SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

9590 9402 5785 0034 1387 83

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
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☐ Collect on Delivery
☐ Priority Mail Express®
☐ Registered Mail™
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