## CLAIM COUNTY OF SANTA BARBARA

PLEASE RETURN ORIGINAL AND ONE COPY TO:

COUNTY OF SANTA BARBARA CLERK OF THE BOARD OF SUPERVISORS 105 EAST ANAPAMU STREET, SUITE 407 SANTA BARBARA, CA 93101

*	READ	THE	INSTRU	ICTIONS	ON	THE	REVER	SE SII	DE BE	FORE	COMPL	ETING	*
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RECEIVED BY (DEPUTY CLERK)

CLERK OF THE BOARD TIME STAMP

Personal Delivery

Mail Mail

□ Other

A. NAME AND ADDRESS OF THE CLAIMANT:

Noemi Doohan, M.D.

TELEPHONE:

EMAIL (optional):

B. ADDRESS TO WHICH THE PERSON PRESENTING
THE CLAIM DESIRES NOTICES TO BE SENT:
Kristi D. Rothschild
Rothschild & Alwill, APC
27 w. Anapamu St, Suite 289
Santa Barbara, CA 93101

805-845-1190 EMAIL (optional):

**TELEPHONE:** 

C. DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM:

DATE: thru 8/25/2023 TIME:

PLACE: 300 N. San Antonio Rd. Santa Barbara, CA, and various - County Public Health

### CIRCUMSTANCES:

HENNING ANSORG, MD and MOUHANAD HAMMAMI, MD, and others each engaged in unlawful discrimination (gender/race), harassment, retaliation and created an unsafe work environment due to complaints of illegal behavior in the workplace.

D. GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED SO FAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THE CLAIM:

Loss of income, loss of future income and benefits, emotional distress, each in an amount to be determined.

E. NAME(S) OF THE PUBLIC EMPLOYEE(S) CAUSING THE INJURY, DAMAGE, OR LOSS:

HENNING ANSORG, MD; MOUHANAD HAMMAMI, MD

F IS THE AMOUNT CURRENTLY CLAIMED LESS THAN \$10,000? YES NO X

IF "YES": STATE THE AMOUNT CLAIMED, AND THE BASIS OF COMPUTATION:

IF "NO": DO NOT STATE A DOLLAR AMOUNT, AND INSTEAD STATE WHETHER THE CLAIM WOULD BE A "LIMITED CIVIL CASE":

**Unlimited Civil Case** 

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT

SIGNATURE OF CLAIMANT OR REPRESENTATIVE

08/28/2023

DATE SIGNED

<sup>\*</sup> IF ADDITIONAL SPACE IS NEEDED, USE SEPARATE PIECES OF PAPER \*

# CLAIM COUNTY OF SANTA BARBARA

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ECCLERK OF THE BOARD TIME STAMP

Personal Delivery

Mall Mall

☐ Other

A. NAME AND ADDRESS OF THE CLAIMANT: Paige Batson



EMAIL (optional):

B. ADDRESS TO WHICH THE PERSON PRESENTING THE CLAIM DESIRES NOTICES TO BE SENT: Kristi D. Rothschild Rothschild & Alwill, APC 27 W. Anapamu St. Suite 289 Santa Barbara, CA 93101 TELEPHONE: 805-845-1190

EMAIL (optional):

C. DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM:

DATE: until 03/31/2023 TIME:

PLACE: 300 N. San Antonio Rd., Santa Barbara, CA 93101 - County Public Health

**CIRCUMSTANCES:** 

HENNING ANSORG, MD and MOUHANAD HAMMAMI, MD, and others each engaged in unlawful discrimination (gender/ race), harassment, retaliation and created an unsafe work environment due to complaints of illegal behavior in the workplace.

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A.	NAME	AND	<b>ADDRESS</b>	OF THE	CLAIMANT:
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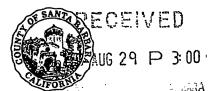
Shellie Robles-Davis

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CLERK OF THE BOARD TIME STAMP

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Rothschild & Alwill, APC
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Santa Barbara, CA 93101
TELEPHONE:

805-845-1190 EMAIL (optional):

C. DATE, PLACE, AND OTHER CIRCUMSTANCES OF THE OCCURRENCE OR TRANSACTION WHICH GAVE RISE TO THE CLAIM:

DATE: Ongoing PLACE: County of Santa Barbara Public Health

#### **CIRCUMSTANCES:**

HENNING ANSORG, MD and MOUHANAD HAMMAMI, MD, and others each engaged in unlawful discrimination (race) by refusing to hire/promote me, the most qualified candidate, twice, and instead promoted a less qualified, less experienced member of staff; and further created an unsafe work environment by ignoring complaints of and/or pressured employees to engage in unlawful activities in the workplace.

D. GENERAL DESCRIPTION OF THE INDEBTEDNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS INCURRED SO FAR AS IT MAY BE KNOWN AT THE TIME OF PRESENTATION OF THE CLAIM:

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