

**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 INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING *
- * IF ADDITIONAL SPACE IS NEEDED, USE SEPARATE PIECES OF PAPER *

Katherine Douglas
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JUN 29 P 3:08

CLERK OF THE BOARD TIME STAMP
BOARD OF SUPERVISORS

A. NAME AND ADDRESS OF THE CLAIMANT:

Noemi Doohan, M.D.

[REDACTED ADDRESS]

TELEPHONE:

[REDACTED 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

TELEPHONE:

805-845-1190

EMAIL (optional):

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

Kristi Rothschild

SIGNATURE OF CLAIMANT OR REPRESENTATIVE

08/28/2023

DATE SIGNED

CLAIM
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Kathleen Douglas
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 Other _____



RECEIVED

2023 AUG 29 P 2:52

CLERK OF THE BOARD TIME STAMP

A. NAME AND ADDRESS OF THE CLAIMANT:

Paige Batson

[REDACTED]

TELEPHONE: [REDACTED]

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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RECEIVED

AUG 29 P 3:00

CLERK OF THE BOARD TIME STAMP
BOARD OF SUPERVISORS

A. NAME AND ADDRESS OF THE CLAIMANT:

Shellie Robles-Davis



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: 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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