



7. \_\_\_\_\_  
Home Phone Number Best Time to Call

8. \_\_\_\_\_  
Cell Phone Number Best Time to Call

9. \_\_\_\_\_  
Phone Number of Relative or Other Contact (Optional)

10. \_\_\_\_\_  
Date of Birth

11. Please list any other name you used while employed at Morgan Stanley and the dates when you used each name:

\_\_\_\_\_  
Name Date Range

\_\_\_\_\_  
Name Date Range

12. I am (Check all applicable groups):

\_\_\_ African-American (Persons having origins in any of the black racial groups of Africa)

\_\_\_ Latino (Persons of Mexican, Puerto Rican, Cuban, Central American, South American or other Spanish culture or origin, regardless of race)

C. DESCRIPTION OF CLAIM OR CLAIMS OF DISCRIMINATION

1. Extraordinary Emotional or Physical Effects of the Discriminatory Conduct.

a. Do you have or have you had any extraordinary emotional distress or effects that you believe were a result of any of the discriminatory conduct that you experienced during the period October 12, 2002 and December 3, 2007?

Yes  No

b. If yes to question "1.a.," describe what symptoms or effects you experienced:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. If yes to question “1.a,” describe the discriminatory conduct that you believed caused the symptoms or effects that you have described.

---

---

---

d. Did you discuss any of the symptoms or effects listed in “1.b” above with any person (including family member, friend, co-worker, doctor, psychologist, or other person)?

Yes  No

e. If yes to question “1.d,” please state the name and relationship to you, of each person with whom you discussed these symptoms or effects:

Name Relationship

---

---

---

*If you answered any of the above subparts to question 1, you may receive up to 50 additional points for your answers.*

2. Termination/Constructive Discharge

a. Were you terminated or forced to quit due to your race or color arising out of low production, failure to satisfy position requirements, failure to satisfy requirements of the training program, production related reductions-in-force, other production based performance related terminations and/or any claims for constructive discharge based on the same set of facts or circumstances?

Yes  No

b. If you answered yes to question 2, please add any facts that you think support your answer:

---

---

---

*If you answered any of the above subparts to question 2, you may receive up to 50 additional points for your answers.*

I, \_\_\_\_\_ declare under penalty of perjury that the information and facts I have stated in this Claim Form are true and accurate to the best of my personal knowledge. I understand that making a knowingly false statement may subject me to prosecution for perjury.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

Your Claim Form must be postmarked on or before May 23, 2008. A self-addressed envelope has been enclosed for returning the Claim Form. This Claim Form must be mailed to:

Curtis-Bauer v. Morgan Stanley Claims Administrator

P.O. Box 1637

Tallahassee, FL 32302-1637