

Brown et al v. Medicis Pharmaceutical Corporation,

No. 1:13-cv-01345-RJL

Exhibit 3

Exhibit to Plaintiffs' Memorandum of Points and Authorities in Support
of Joint Motion for Preliminary Approval of the Modified Class
Settlement

CLAIM FORM

[NAME AND ADDRESS LABEL]

**You must postmark or e-mail this
Claim Form by no later than**

You are eligible for a monetary award if you complete this claim form.

A class action settlement allows women who were field sales employees for
Medicis Pharmaceutical Corp.
at any time between April 15, 2008 and December 10, 2012,
to submit a claim for a monetary award for alleged discrimination
between February 9, 2007 and December 10, 2012.

*** INSTRUCTIONS ***

The monetary award that you receive will be determined by the Claims Administrator based on the answers you provide on this claims form and your tenure at Medicis.

You must *sign and date* your Claim Form under penalty of perjury under U.S. law.

All information contained in this Claim Form will be kept confidential.

You may use additional sheets of paper to answer any question. If you do, please put your name, social security number, and the question number on each sheet of paper. Attachments that do not list the relevant question number will not be considered.

To be eligible to receive money from the Settlement, you must complete, sign, and return this Claim Form by _____ (postmark date) to:

**CLAIMS ADMINISTRATOR
MEDICIS GENDER SETTLEMENT
POST OFFICE BOX _____
TALLAHASSEE, FL 32302
OR
VIA EMAIL TO _____**

If you submit your claim form by mail, it is strongly recommended (but not required), that you keep a receipt showing delivery confirmation, the postmark date, and method of delivery.

Please keep a copy of your claim form and any documents you submit with it. The Claims Administrator cannot return any claim forms or other documents.

REQUIRED BACKGROUND INFORMATION

1. NAME: _____

2. PHONE: _____

3. PERSONAL EMAIL ADDRESS (if any): _____

4. DATE OF BIRTH (Month/Day/Year): _____

5. SOCIAL SECURITY NUMBER: _____
[CLAIM FORMS THAT LACK SOCIAL SECURITY NUMBERS CANNOT BE PROCESSED]

6. ADDRESS. Please make any changes to your address here.

7. Have you previously signed a document releasing claims of gender discrimination against Medicis?

Yes No

a. If “Yes,” please provide a description of the claims related to the release, the date the release was signed, and the time period covered by the release. Please also enclose a copy of the release.

REQUIRED JOB HISTORY

You must complete this section.¹

According to Medicis records, you were employed with Medicis in an eligible Field Sales position in the following job titles between February 9, 2007, and December 10, 2012:

[INSERT INFORMATION]

8. Is the above information correct? Yes No

9. If any of the job titles or dates of employment between February 9, 2007 and December 10, 2012, is missing or incorrect, please list your actual job titles and dates of employment with Medicis below:

Job Title	Employer – Medicis, Quintiles, Innovex, QFR Solutions	Start Date (Month, Day, Year)	End Date (Month, Day, Year)

Please enclose documentary proof of your correct job title, employer, start and/or end dates, such as an offer letter and paystubs. Failure to include documentation may result in a denial of your corrections.

¹ The Claims Administrator will determine your award based partly on the length of time that you worked for Medicis in an eligible Field Sales position between February 9, 2007 and December 10, 2012. Eligible Field Sales positions include: Professional Sales Specialist, Senior Sales Specialist, Executive Sales Specialist, Territory Manager, Professional Territory Manager, Senior Territory Manager, Executive Territory Manager, Regional Manager, Senior Regional Manager and Executive Regional Manager.

FACTS DIRECTLY SUPPORTING YOUR CLAIMS
OF GENDER DISCRIMINATION

If you experienced gender discrimination at Medicis, you may complete this section to be considered for an additional monetary award.²

10. Do you believe you experienced gender discrimination as a Field Sales employee that affected your pay or job position at Medicis between February 9, 2007 and December 10, 2012?

Yes No

If you answered “Yes” to Question 10, choose one or more of the following boxes in Questions 11-15 that best describes your experience and provide the requested information underneath each box that you select.

11. *You were hired into a lower-level job title than male Field Sales employees with similar experience and credentials who were hired around the same time.*

Date you applied for the position: _____

Name of the position applied for and actually received: _____

Managers involved: _____

Names of similarly situated male Field Sales employees: _____

Job title the male employee applied for and received: _____

Additional information, such as the basis for your belief that you had similar experience and credentials as one or more men hired into the higher-paid position: _____

12. *Similarly situated male Field Sales employees were promoted to higher-level Field Sales positions over you.*

Date you applied for the position: _____

Name of the position for which you applied: _____

Your job title at the time you applied: _____

Managers involved: _____

Names of similarly situated male Field Sales employees who received the position for which you applied: _____

The job title held by the male before he was promoted: _____

Additional information, such as the basis for your belief that you had equal or better credentials than one or more men promoted into the higher-paid position: _____

² This section is optional. If you do not believe that you experienced sex discrimination in pay or in promotions or other decisions affecting you job level, or if you do not wish to answer these questions, you may skip this section. If you skip this section, don't forget to sign your claim form.

13. *Similarly situated male Field Sales employees received training and/or career advancement opportunities that were denied to you.*

Date: _____

Describe the experience you were denied: _____

How did the denial of training or opportunities impact your career or compensation? _____

Name of male employee: _____

Describe the training or opportunities that the male employee received that you were denied: _____

Managers involved: _____

14. *Similarly situated male Field Sales employees received higher compensation than you for the same work, for reasons such as (select one or more):*

Male Field Sales employees who had the same job title as you and similar experience to you received a higher salary than you.

Male Field Sales employees (who had similar territory and accounts to you) received more favorable or easier to meet sales goals resulting in higher commissions and/or bonuses.

Similarly situated male Field Sales employees received sales assistance, product samples, or other support that were denied to you resulting in higher commissions and/or bonuses.

Other. Identify: _____

Regardless of the box that you checked as the reason(s) for believing that you suffered discrimination as to compensation, please answer the following for Question 14:

Date of discrimination and the job title you held at the time: _____

Describe your territory and goal at the time: _____

How did the discrimination impact your compensation, if at all? _____

Name and position of similarly situated male Field Sales employee who received more favorable treatment: _____

List the male employee's title, territory and goal: _____

What favorable treatment did the male employee receive? _____

Managers involved: _____

Other information: _____

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15. *Similarly situated male Field Sales employees received more favorable treatment related to a leave of absence than you, such as (select one or more):*
- Male employees' sales territories were covered by Medicis (i.e. their customers received service) when men went on a leave of absence, but Medicis did not cover your sales territory (i.e. visit your customers) when you went on a similar leave of absence.*
 - You lost consistency bonus payments because you were on a leave of absence but one or more men on a leave of absence did not.*
 - Other. Identify: _____*

Regardless of the box that you checked as the reason(s) for believing that you suffered discrimination as to leave of absence, please answer the following for Question 15:

Date or Sales Quarter that discrimination occurred and the job title you held at the time:

Reason for and length of your leave of absence: _____

How did this impact your compensation, if at all? _____

Number of quarters you received a consistency bonus prior to your leave of absence:

Name and job title held of any similarly situated male Field Sales employee treated more favorably:

Describe male employee's reason for and length of leave of absence, if known:

Managers involved: _____

**FACTS INDIRECTLY SUPPORTING YOUR CLAIMS
OF GENDER DISCRIMINATION**

If you experienced other types of gender discrimination or harassment at Medicis, you may complete this section to be considered for an additional monetary award because those events may provide corroborative evidence of managers' intent to discriminate in pay or promotions. (Questions 16-20)³

16. *You were terminated because of your sex or because of pregnancy.*

Note: In investigating this case, the Plaintiffs did not observe statistically significant disparities in termination rates between men and women. Allegations of sex discrimination resulting in termination will not be considered by the Claims Administrator unless substantial details are provided, including:

Date you were terminated: _____

³ This section is optional. If you do not believe that you experienced any of the events below that provide indirect evidence of sex discrimination in pay or promotions, or if you do not wish to answer these questions, you may skip this section. If you skip this section, don't forget to sign your claim form.

Your job title at the time you were terminated: _____

Managers involved: _____

Your percentage of sales goal attainment for four quarters prior to your termination; _____

Reasons given by management for your termination: _____

Name of similarly situated male Field Sales employee who was similarly situated to you who was not terminated: _____

The job title held by the male employee who was not terminated: _____

The male employee's percentage of sales goal attainment for four quarters prior to your termination

Additional information, such as the basis for your belief that you had equal or better credentials and performance than one or more men who was not terminated: _____

Please attach a copy of the email or letter from Medicis notifying you of your termination.

17. *You experienced other discrimination because of your sex or pregnancy.*

Explain: _____

18. *You experienced improper questioning in your initial interview by one or more members of the "Control Group."*

Note: For purposes of this form, the "Control Group" includes the CEO Jonah Shacknai and other senior management who had overall responsibility for the Company's policies and practices: Vincent Ippolitio, Richard Havens, Claude Maraoui, Richard Nevin and Louis Frisina.

Month and year you were interviewed: _____

Control Group members involved: _____

Topics of improper questions, such as marital or relationship status or childbearing plans: _____

19. *You experienced or witnessed improper comments or actions from members of the Control Group while you were employed as a Field Sales employee between February 9, 2007 and December 10, 2012.*

Approximately when did the behavior(s) occur: _____

Control Group member(s) involved: _____

Improper comment(s) or action(s): _____

20. *You experienced or witnessed any sexual harassment between February 9, 2007 and December 10, 2012 while you were a Field Sales employee with Medicis that is not identified in response to questions 18 or 19.*

If “Yes,” please explain any sexual harassment that you believe you experienced, including dates, names of perpetrators and any managers that were involved.

If you complained about gender discrimination at Medicis, you may complete this section to be considered for an additional monetary award because the complaint may provide contemporaneous evidence of your belief that you suffered illegal discrimination. (Questions 21-22)⁴

21. Did you complain to management or Human Resources between February 9, 2007 and December 10, 2012 about what you believe was gender discrimination?

Yes No

a. If “Yes,” for each complaint that you made, please provide:

- (i) The date of your complaint: _____
 - (ii) The manager(s) or Human Resources individual to whom you complained: _____
 - (iii) Describe the conduct about which you complained: _____
 - (iv) The outcome of each complaint, if known: _____
 - (v) Was the complaint made in writing or was it verbal (if written provide a copy of the complaint): _____
 - (vi) Any retaliation that you believe you suffered as a result of the complaint: _____
-

22. Did you file any complaints of gender discrimination with any government agency (such as the Equal Employment Opportunity Commission) or any court?

Yes No

a. If “Yes,” for each complaint that you made, please attach a copy of the complaint as well as:

- (i) The date of your complaint: _____
 - (ii) The agency or court to whom you complained: _____
 - (iii) Describe the conduct about which you complained: _____
 - (iv) The case or action number: _____
 - (v) The outcome of each complaint: _____
-

⁴ This section is optional. If you did not complain of gender discrimination, or if you do not wish to answer these questions, you may skip this section. If you skip this section, don’t forget to sign your claim form.

(vi) Any retaliation that you believe you suffered as a result of the complaint: _____

**MEDICAL OR EMOTIONAL
EFFECTS OF DISCRIMINATION**

If you experienced medical or emotional harm because of gender discrimination at Medicis, then you may complete this section.⁵

23. Do you contend that any of the sex discrimination that you allege in this Claim Form resulted in emotional, mental or physical injury to you?

Yes No

If “Yes,” please answer (a) to (f) below for each healthcare treatment you sought between February 9, 2007 and December 10, 2012, related to the emotional, mental or physical injury you contend you experienced because of gender discrimination at Medicis:

a. Name, title, address, and phone number of health care professional:

b. Dates of visits to health care provider:

c. Reason for visits/symptoms:

d. Diagnosis:

e. Please list any medications prescribed to you as a result of this diagnosis:

f. Describe why you believe the symptoms and/or diagnosis is related to gender discrimination at Medicis:

⁵ This section is optional. The Claims Administrator will use this information in evaluating your claims of sex discrimination. If you do not believe that you experienced medical or emotional harm, or if you do not wish to answer these questions, you may skip this section. If you skip this section, don't forget to sign your claim form.

CONTRIBUTIONS TO THE LITIGATION AND RELEASE

If you contributed to the investigation of this lawsuit or the settlement negotiations, you are eligible for an additional monetary award if you complete this section.⁶

24. Prior to December 10, 2012, did you contribute to the investigation of this lawsuit against Medicis or the settlement negotiations?

- Yes No

a. If “Yes,” please provide:

- (i) The date(s) that you contacted Class Counsel: _____
- (ii) The method of communication (i.e., phone, meeting, email): _____
- (iii) The name(s) of the attorney or staff with whom you communicated: _____
- (iv) Describe the information or documents you provided: _____

b. Please describe any other contributions.

23. If you are one of the seven women who initiated this lawsuit, please attach a description of any claims – in addition to gender discrimination – that you will be releasing against Medicis.

⁶ This section is optional. If you do not believe that you contributed to the lawsuit, or if you do not wish to answer these questions, you may skip this section. If you skip this section, don’t forget to sign your claim form.

REQUIRED SWORN AFFIRMATION AND SIGNATURE

I declare under the penalty of perjury that the information and facts I have stated in this claim form and in any attachments 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.

I understand that I must keep the Claims Administrator informed of my current address and of any change in my home address. If I do not do so, I understand that I may not receive any award to which I might otherwise be entitled.

Executed this ____ day of _____, 2015

Signature of Claimant

**Unsigned claim forms will not be processed.*

Typed or Printed Name of Claimant

Social Security Number of Claimant

PLEASE RETAIN A COPY OF YOUR COMPLETED CLAIM FORM AND ANY ATTACHMENTS. NO CLAIM FORMS OR ATTACHMENTS WILL BE RETURNED TO YOU.

To be eligible to receive money from the Settlement, you must complete, sign, and return this Claim Form by _____(postmark date) to:

**CLAIMS ADMINISTRATOR
MEDICIS GENDER SETTLEMENT
POST OFFICE BOX _____
TALLAHASSEE, FL 32302
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