

**GRENVILLE CHRISTIAN COLLEGE (“GCC”) CLASS ACTION  
REQUEST FOR RECONSIDERATION**

Please use this form to request reconsideration of the Claims Administrator’s decision about your claim. You may request:

1. Reconsideration of your points allocation by providing further supporting evidence satisfactory to the Claims Administrator; or
2. Reconsideration of your disallowed claim by providing further evidence satisfactory to the Claims Administrator demonstrating that:
  - a. you are a Class Member; and/or
  - b. you are eligible under one of the claim categories.

Please only submit one request form per Claimant. All requests for reconsideration must be electronically delivered or postmarked by mail to the Claims Administrator **within thirty (30) days** of the date of the Claims Administrator’s decision. Please send your Request for Reconsideration and supporting evidence to the Claims Administrator using one of these methods:

**Email**  
[info@GCCSettlement.ca](mailto:info@GCCSettlement.ca)

**Fax**  
1-866-262-0816

**Mail**  
Epiq Class Action Services Canada Inc.,  
Attention: GCC Settlement  
PO Box 507 STN B  
Ottawa, ON K1P 5P6

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**Claim File Number:** GC - \_\_\_\_\_ *(Provided in your decision letter.)*

**Claimant Full Name:** \_\_\_\_\_

**Claimant Email:** \_\_\_\_\_ **Claimant Phone:** \_\_\_\_\_

**Category for Reconsideration:**  
*(Please check all that apply)*

Group A: Common Experience

Group B:

Psychological Harm Category: \_\_\_\_\_

Physical Harm Category: \_\_\_\_\_

Sexual Abuse Category: \_\_\_\_\_

Please tell us why you think the decision reached on your claim is wrong. Please include more pages, if necessary.

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By signing below, you confirm your request for reconsideration of your claim decision and that **you have enclosed evidence** to support your request (i.e., medical records, or proof of enrollment, etc.).

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**Print Full Name**  
(Claimant or Authorized Representative)

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**Signature**  
(Claimant or Authorized Representative)

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**Date**  
(dd/mm/yyyy)

**If your Request for Reconsideration is not received by the Claims Administrator by the date provided on your decision letter, your Request for Reconsideration may not be accepted or reviewed.**