

## **CLAIMS QUESTIONNAIRE**

The U.S. Equal Employment Opportunity Commission (“EEOC”) has resolved its claims alleging that Defendant Leopalace Guam Corporation doing business as Leopalace Resort (“Leopalace”) subjected non-Japanese employees to less favorable wages, benefits, and terms and conditions of employment compared to Japanese employees who held equal or lesser positions between January 1, 2015 and February 19, 2025. You may be eligible to receive money from the settlement if, in violation of Title VII of the Civil Rights Act of 1964 (“Title VII”), you were subjected to discrimination in the form of less favorable wages, benefits, or terms and conditions of employment based on your national origin (non-Japanese) and/or retaliation while working at Leopalace after January 1, 2015.

Please complete this Claims Questionnaire to the best of your ability and submit it online via [www.EEOCLEopalaceResortSettlement.com](http://www.EEOCLEopalaceResortSettlement.com) or mail to:

EEOC v. Leopalace Guam Corporation  
c/o CPT Group, Inc.  
50 Corporate Park  
Irvine, CA 92606

To be eligible to receive money from the settlement, you must complete and return this questionnaire by **February 19, 2026**. The EEOC will use this information to determine your eligibility. Your answers will not be shared with anyone other than the EEOC and the Claims Administrator. Your responses must be provided under oath and under penalty of perjury. Failure to submit your claim by the date specified may result in disqualification from the settlement fund.

If you need assistance completing or submitting this questionnaire, you can contact the Claims Administrator, CPT Group, Inc. via phone at 1-888-502-7698, via email at [LeoPalaceResortSettlement@cptgroup.com](mailto:LeoPalaceResortSettlement@cptgroup.com), or via mail at:

EEOC v. Leopalace Guam Corporation  
c/o CPT Group, Inc.  
50 Corporate Park  
Irvine, CA 92606

To get in contact with an EEOC representative, please email [LeopalaceSettlement@eoc.gov](mailto:LeopalaceSettlement@eoc.gov) or call (213) 785-3095 (Option 2).

The EEOC may contact you if it determines additional information is necessary to evaluate your claims. Once the EEOC makes a determination on your eligibility, the Claims Administrator will communicate with you regarding the next steps. As such, please be sure to keep the Claims Administrator informed about any change in your contact information as your eligibility may be affected if they are unable to contact you.

Thank you in advance for providing this information.

**I. Legal Name and Contact Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_

State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

**II. Employment History**

1. Have you worked at Leopalace?

- Yes
- No

2. When did you work at Leopalace?

\_\_\_\_\_

3. What was your job title at Leopalace?

\_\_\_\_\_

4. Were you a supervisor at Leopalace?

- Yes
- No

5. If you were a supervisor at Leopalace, who were your direct report(s) or subordinate(s)?

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

- Japanese
- Non-Japanese

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

- Japanese
- Non-Japanese

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

- Japanese
- Non-Japanese

6. Who was your supervisor?

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

- Japanese
- Non-Japanese

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

- Japanese
- Non-Japanese

7. If applicable, why did you stop working at Leopalace? **(Select all that apply)**

- My employment was terminated for unknown reasons.
- My employment was terminated for performance or attendance.
- My employment was terminated after complaining about discrimination or retaliation.
- I quit because I found a better job elsewhere.
- I quit due to discrimination towards non-Japanese employees.
- Not applicable, as I still work there. **(If you still work there, skip to Section III)**
- Other: \_\_\_\_\_

8. If applicable, were you seeking other suitable employment after you stopped working at Leopalace? Suitable employment includes, but not limited to, jobs that provide virtually identical promotional opportunities, compensation, job responsibilities, working conditions, and job status.

- Yes
- No

9. If applicable, how long were you unemployed before finding suitable employment elsewhere?

- \_\_\_\_\_ Weeks                       \_\_\_\_\_ Months                       \_\_\_\_\_ Years

**III. Demographic Information**

1. What is your national origin?

- Japanese
- Non-Japanese

**IV. Discrimination Based on National Origin (Non-Japanese)**

1. What was your gross annual salary for each year that you were working for Leopalace?

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

2. Are you aware of any Japanese co-workers with equal or lesser positions to you receiving more pay than you while you were working for Leopalace?

- Yes
- No
- I don't know

3. If you responded "Yes" to Question IV.2, who are the Japanese employees you believe received higher pay than you?

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Gross Annual Salary (if known): \_\_\_\_\_

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Gross Annual Salary (if known): \_\_\_\_\_

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Gross Annual Salary (if known): \_\_\_\_\_

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Gross Annual Salary (if known): \_\_\_\_\_

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Gross Annual Salary (if known): \_\_\_\_\_

4. While working at Leopalace, did you receive any non-wage benefits? Non-wage benefits may include, but are not limited to, subsidized rental vehicles, subsidized housing, relocation benefits, education benefits, insurance coverage, and non-work travel benefits.

- Yes
- No
- I don't know

5. Describe all non-wage benefits you received.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are you aware of any Japanese employees with equal or lesser positions to you receiving non-wage benefits that were not offered or made available to you while you were working for Leopalace?

- Yes
- No
- I don't know

7. If you responded "Yes" to Question IV.6, please provide the following information about the Japanese employees and the non-wage benefits that they received, but were not offered or made available to you:

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Non-wage benefits (describe): \_\_\_\_\_

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Non-wage benefits (describe): \_\_\_\_\_

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Non-wage benefits (describe): \_\_\_\_\_

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Non-wage benefits (describe): \_\_\_\_\_

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

Non-wage benefits (describe): \_\_\_\_\_

**V. Complaints About Discrimination**

1. Did you complain to anyone at Leoplace, or to a government agency, about discrimination on the basis of national origin?

- Yes
- No **(If you did not complain, skip to Question V.7)**

2. How many times did you complain about discrimination on the basis of national origin?

\_\_\_\_\_

3. To whom did you complain regarding discrimination on the basis of national origin?

Name (if known): \_\_\_\_\_ Job Title: \_\_\_\_\_

4. Approximately, when did you complain? (if known)

\_\_\_\_\_

5. What was the content of your complaint(s) (what did you say)? **(Select all that apply)**

- I complained about being paid less than my Japanese co-worker or subordinates.
- I complained about receiving less benefits than my Japanese co-worker or subordinates.
- I complained about receiving less favorable job assignments and tasks than my Japanese co-worker or subordinates.
- I complained about being treated less favorable than my Japanese co-worker or subordinates.
- All of the above
- Other: \_\_\_\_\_

6. After you complained, were you treated differently at work? **(Select all that apply)**

- Yes, I was put on a different work schedule.
- Yes, I was transferred to a different position or department.
- Yes, my hours were reduced.
- Yes, I was disciplined, demoted, or terminated.
- Yes, my work performance was unfairly criticized.
- No. **(Skip to Section VI)**
- Yes, other (describe): \_\_\_\_\_

\_\_\_\_\_

7. If you did not complain to anyone regarding the discrimination, why did you not complain? **(Select all that apply)**

- I did not know I was experiencing discrimination because I'm not Japanese.
- I did not know how to complain about discrimination.
- I did not know who to complain to about discrimination.
- I could not complain to my manager, because my manager was the discriminating official.
- I was afraid of losing my job or my hours being reduced.
- I knew others complained and nothing was done.
- I knew others complained and were fired, disciplined, or treated differently afterwards.
- I did not experience discrimination.
- Other: \_\_\_\_\_

**VI. Damages**

1. As a result of the discrimination or reporting discrimination, did you suffer any other adverse consequences or financial difficulties? **(Select all that apply)**

- Yes, I lost income because I quit or was fired.
- Yes, I was unable to pay my rent, or my bills.
- Yes, I was evicted or had my car repossessed.
- Yes, I became disable and could not work.
- Yes, my personal relationships were affected.
- No, I did not / Not applicable.
- Yes, other (describe: \_\_\_\_\_)

**VII. Rehiring**

1. Are you interested in returning to work at Leoplace?

- Yes
- No

2. If you are interested in working at Leopalace, provide the following information:

Position(s) Sought: \_\_\_\_\_

What date are you available to start? \_\_\_\_\_

What days and times are you available to work? \_\_\_\_\_

What rate of pay are you seeking? \_\_\_\_\_

What are your qualifications or experience? \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, declare under oath and penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my memory.

Executed on \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.

DATE CITY STATE

\_\_\_\_\_  
Print Full Name of Potential Claimant:

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