

COUNTY OF RIVERSIDE

CLAIM FOR DAMAGES TO PERSON OR PROPERTY



INSTRUCTIONS:

1. Read claim *thoroughly*.
2. Fill out claim as indicated; attach additional information if necessary.
3. This office needs the original completed claim form and clear readable copies of attachments (if any) if originals are not available.
4. This claim form *must* be signed.

OFFICE USE ONLY
RECEIVED

CLAIM# 137-21 SUM# _____

APR 08 2021

CLERK OF THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

BY: _____

TIME STAMP HERE

DELIVER OR U.S. MAIL TO: CLERK OF THE BOARD OF SUPERVISORS
ATTN: CLAIMS DIVISION
P.O. BOX 1147, 4080 LEMON ST., 1ST FL.
RIVERSIDE, CA. 92502-1147 (951) 955-1060

1 FULL NAME OF CLAIMANT Brenda Dennstedt		8 WHY DO YOU CLAIM THE COUNTY IS RESPONSIBLE? Negligent hiring/supervision/retention of its Employees Jeff Hewitt and Boomer Shannon and wrongful discharge of Claimant	
2 MAILING ADDRESS (STREET / PO BOX) 3281 East Guasti Road, Suite 100			
CITY Ontario	STATE CA	ZIP CODE 91761	
HOME TELEPHONE 909-557-1250	BUSINESS TELEPHONE 909-557-1250	9 NAMES OF ANY COUNTY EMPLOYEES (AND THEIR DEPARTMENTS) INVOLVED IN INJURY OR DAMAGE (IF APPLICABLE). Jeff Hewitt and Boomer Shannon; Department: County Board of Supervisors	
3. WHEN DID DAMAGE OR INJURY OCCUR (PLEASE BE EXACT) 10/26/2020		NAME Jeff Hewitt; Boomer Shannon	DEPARTMENT County Board of Supervisors
4 WHERE DID DAMAGE OR INJURY OCCUR? County Administrative Center, Fifth Floor		10. WITNESSES TO DAMAGE OR INJURY LIST ALL PERSONS AND ADDRESSES OF PERSONS KNOWN TO HAVE INFORMATION:	
STREET 4080 Lemon Street, Riverside, CA 92502	CITY Riverside	STATE CA	ZIP CODE 92502
5 DESCRIBE IN DETAIL HOW DAMAGE OR INJURY OCCURRED		NAME Barry Busch	PHONE
The County employed, hired, retained, or otherwise permitted County supervisor Jeff Hewitt and Chief of Staff Boomer Shannon , while in the course and scope of their employment, to harass claimant by making <u>disparaging and vulgar comments and otherwise engaging in gender and age discrimination</u> resulting in claimant's wrongful discharge and causing claimant to suffer damages including ongoing emotional trauma/harassment arising from the harassment and negligent and intentional infliction of emotional distress as a result of the County Supervisor and Chief of Staff's conduct.		ADDRESS	
		NAME Stephanie Garthwaite	PHONE
		ADDRESS	
		NAME Mickey Valdivia	PHONE
		ADDRESS	
6. WERE POLICE OR PARAMEDICS CALLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		11 LIST DAMAGES INCURRED TO DATE (attach copies of receipts or repair estimates)	
7 IF PHYSICIAN/HOSPITAL WAS VISITED DUE TO INJURY INCLUDE DATE OF FIRST VISIT AND HOSPITAL'S NAME ADDRESS AND PHONE NUMBER		Ongoing emotional trauma and harassment, which exceeds \$25,000.	
DATE OF FIRST VISIT	PHYSICIAN'S/HOSPITAL'S NAME		
PHYSICIAN'S/HOSPITAL'S ADDRESS	PHONE		
		TOTAL DAMAGES TO DATE Exceeds \$25,000	TOTAL ESTIMATED PROSPECTIVE DAMAGES Exceeds \$25,000

THIS CLAIM MUST BE SIGNED TO BE VALID. NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (PENAL CODE SECTION 72.)

WARNING:

- CLAIMS FOR DEATH, INJURY TO PERSON OR TO PERSONAL PROPERTY MUST BE FILED NOT LATER THAN SIX (6) MONTHS AFTER THE OCCURRENCE (GOVERNMENT CODE SECTION 911.2)
- ALL OTHER CLAIMS FOR DAMAGES MUST BE FILED NOT LATER THAN ONE (1) YEAR AFTER THE OCCURRENCE. (GOVERNMENT CODE SECTION 911.2)
- SUBJECT TO CERTAIN EXCEPTIONS YOU HAVE ONLY SIX (6) MONTHS FROM THE DATE OF THE WRITTEN NOTICE OF REJECTION OF YOUR CLAIM TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)
- IF WRITTEN NOTICE OF REJECTION OF YOUR CLAIM IS NOT GIVEN, YOU HAVE TWO (2) YEARS FROM ACCRUAL OF THE CAUSE OF ACTION TO FILE A COURT ACTION. (GOVERNMENT CODE SECTION 945.6)

12 CLAIMANT OR PERSON FILING ON HIS/HER BEHALF 	13 PRINT OR TYPE NAME Brynna D. Popka, Esq.	DATE 4/8/2021
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SIGNATURE

RELATIONSHIP TO CLAIMANT
Attorney

5/23/21