



SANTA
CLARA
UNIFIED
SCHOOL
DISTRICT

1889 Lawrence Rd.
Santa Clara, CA
95051
(408) 423-2000
STANLEY ROSE III, Ed.D.
SUPERINTENDENT

SANTA CLARA UNIFIED SCHOOL DISTRICT CLAIM FORM

Please return this form to: **Santa Clara Unified School District**
Attention: Risk Management Department
1889 Lawrence Road
Santa Clara, CA 95051

Date: October 30, 2018

The undersigned hereby presents the following claim against Santa Clara Unified School District in accordance with the provisions of Government Code Section 910.

1. Name and mailing address of Claimant:

Dominic Joseph Caserta

936 Fremont Street

Santa Clara, CA 95050

2. Date of Birth of Party Involved: April 24, 1975

3. Social Security Number of Party Involved : ██████████

4. The date, place & other circumstances of the occurrence or transaction giving rise to the claim asserted.

a. Date of Injury/Accident: May 7, 2018 and continuing

b. Injured Party: Dominic Joseph Caserta

c. Circumstances of Injury/Accident:

On May 7, 2018, Santa Clara Unified School District ("SCUSD") employee Nora

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"The mission of Santa Clara Unified School District is to prepare students of all ages and abilities to succeed in an ever-changing world."

Dipko, acting in her capacity as an employee of SCUSD sent a mass email, apparently intended for outside counsel, to all of approximately 1,600 SCUSD employees. This mass email of information from my personnel file included highly personal and confidential information and its wrongful release has proven to be extremely embarrassing and harmful to me. Based upon my employment contract with SCUSD, I had the highest expectation that this information would remain private and be made available only to certain SCUSD administrators and outside counsel who were determined by the Superintendent to have a need to know this information.

5. Provide general description of the indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time or presentation of the claim:

As a result of this mass email to my coworkers and further distribution to many others, I have been subject to public ridicule, have suffered irreparable harm to my reputation, my career, and my ability to obtain appropriate future employment. As a result, I am also suffering from severe emotional distress and depression.

6. Name(s) of the employee(s) causing the injury, damage or loss (if applicable):

Nora Dipko, Gina Perez, and such others as were involved in the illicit mass email, were responsible for the training and supervision of Dipko and Perez, who disseminated the harmful email to others after receiving it, or may have been otherwise involved in creating this personal tragedy

7. Please indicate the amount of loss claimed. If the loss totals less than \$10,000 as of the date of presentation of the claim, include the estimated amount. If the amount claimed exceeds \$10,000, no exact dollar amount need be indicated, but please state that you expect the claim to exceed \$10,000.

I expect the claim to exceed \$10,000.00


Signature of Claimant

10/30/18
Date

Warning: California State Law generally requires that most claims against a public entity, such as SCUSD, be presented within Six (6) Months from the date of the action or incident giving rise to the claim. Certain other claims must be filed with One (1) Year from the action or incident. You should check California Government Code 911.2 to determine what presentation period applies in your claim. Please note it is a criminal offense to file a false claim (California Penal Code section 72).
