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SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF LOS ANGELES

DERRICK MORTON

Plaintiff,

v.

KAISER PERMANENTE BERNARD J.
TYSON SCHOOL OF MEDICINE, INC. a
California non-profit public benefit
corporation; Does 1-20,

Defendants.

CASE NO. 22ST CV 27296

COMPLAINT

JURY TRIAL DEMANDED

INTRODUCTION AND SUMMARY OF THE COMPLAINT

1. The Kaiser Permanente J. Bernard Tyson School of Medicine (“KPSOM”) lures the best and the brightest Black doctors and scientists from across the nation to join the KPSOM faculty with the false promise that they will be afforded unique opportunities for Diversity, Equity, and

1 Inclusion (“DEI”) leadership, academic freedom, and faculty partnership status in building an
2 institution committed to ending the legacies of inequality in medical education and patient care.
3 Black doctors and scientists at the height of their professional power make tremendous personal
4 and professional sacrifices based on KPSOM’s false promise. Dr. Derrick Morton was one such
5 professional.

6 2. Derrick Morton, Ph.D., is a Black biologist and former KPSOM Assistant Professor. After
7 completing a prestigious post-doctoral fellowship at Emory University, he began a career at
8 KPSOM. There, Dr. Morton was repeatedly traumatized by defendant’s pervasive hostility
9 against Black professionals and medical students. Dr. Morton was personally down-leveled and
10 suffered retaliation from KPSOM supervisors for being Black. Dr. Morton witnessed supervisors
11 ostracize, isolate, and fire Dr. Aysha Khoury because she is Black. He witnessed White
12 supervisors demote, isolate, and constructively discharge the DEI Associate Dean because he is
13 Black. Dr. Morton witnessed and experienced anti-Black animus at KPSOM that was so
14 pervasive and chilling that he and his Black colleagues could not associate with each other or with
15 Black students for fear of being blacklisted and rendered professionally non-viable. Dr. Morton
16 witnessed KPSOM leadership manipulate, lie, gaslight, and distort the facts in messaging and
17 narratives that damage the careers of Black professionals. After a year of KPSOM’s anti-Black
18 hostility, he was left with no option but to find alternate employment, before his career was
19 destroyed. Thus, as a result of severe anti-Black discrimination, Dr. Morton was constructively
20 discharged from KPSOM.

21 **THE PARTIES**

22 3. Derrick Morton is an individual who was employed by the Kaiser Permanente J.
23 Bernard Tyson School of Medicine, Inc., from March 23, 2020, until August 13, 2021.

24 4. Kaiser Permanente Bernard J. Tyson School of Medicine, Inc., Defendant. KPSOM
25 is a California non-profit public benefit corporation first formed in 2016. The declared purposes of
26 the School include “(ii) advancing diversity and inclusion in the medical workforce to better meet
27 the needs of underserved and disadvantaged populations.” [Amended and Restated Articles of
28 Incorporation, Article 2.B.].

1 **JURISDICTION AND VENUE**

2 5. The Court has jurisdiction over this matter because the Defendant is a California
3 Non-Profit Corporation with a principal place of business in Los Angeles County, California. The
4 amount in controversy exceeds \$25,000.00.

5 6. Venue is proper because the acts and events in the complaint occurred within Los
6 Angeles County or were directed by the School from its site in Los Angeles County. The School
7 identified its address with the Secretary of State as 393 E. Walnut Street, Pasadena, California,
8 91188. Plaintiff worked remotely and at the School’s location at 98 S. Los Robles Avenue,
9 Pasadena, California, 91101.

10 **ADMINISTRATIVE EXHAUSTION**

11 On August 22, 2022, Dr. Morton filed his charge of discrimination and retaliation with the
12 DFEH, naming the School as the Respondent. He received his right to sue that day.

13 **FACTS**

14 **I. Dr. Morton: Accomplished Scholar-Scientist and Community Leader**

15 7. Dr. Morton is a renowned molecular geneticist and biochemist, with an impeccable resume
16 of accomplishments and service.

17 8. He received his Ph.D. from Clark Atlanta University in 2016 and completed his academic
18 training in 2020 with a prestigious post-doctoral fellowship from Emory University. During his
19 time at Emory, he presented his scientific works at local, national, and international conferences
20 and received numerous awards including highly competitive fellowships from the NIH and private
21 foundations.

22 9. Dr. Morton has authored or co-authored at least 17 peer-reviewed articles and a book
23 chapter. He is the recipient of numerous awards, honors, and grants and, in 2020, before going to
24 KPSOM, was distinguished as one of America’s 100 Inspiring Black Scientists and a rising star ¹.

25 10. As a scientist, researcher, and DEI leader, Dr. Morton is acutely aware of the data on bias
26 in medicine and its abject outcomes for Black patients. In medicine, the racial empathy gap
27 manifests distinctly for Black patients, leading to uniquely perverse outcomes. Half of White

28 ¹ <https://crosstalk.cell.com/blog/100-inspiring-black-scientists-in-america>

1 medical trainees and a quarter of practicing physicians wrongly believe Black people have thicker
2 skin or less sensitive nerve endings than White people.² Consequently, Black patients are much
3 less likely to be given pain medication for severe pain than white patients. If you're a child having
4 abdominal pain because of appendicitis, the chances of obtaining adequate pain medication goes
5 down by 80% if you are Black compared to if you're White.³

6 11. Pervasive racism in health care has caused a Black Women's Health Crisis. Black women
7 are three to four times more likely than white women to die during childbirth or shortly afterward.
8 While socioeconomic status is an important determinant of access to quality health care, research
9 demonstrates that race significantly impacts maternity-related mortality independent of
10 socioeconomic status.⁴ Similarly, infant mortality rates for Black women with a college degree
11 are higher than those for White women with just a high school education. Indeed, if you're a
12 Black woman, who has reached the heights of education and is comfortable socio-economically
13 you have a higher chance of dying in pregnancy and delivery, and your baby has a higher chance
14 of dying in pregnancy and delivery than anyone else, including any woman of any other race who
15 has not finished high school.⁵ Moreover, Black women are 40% more likely to die from breast
16 cancer than White women and are usually diagnosed later.⁶ Accordingly, the Berkeley School of
17 Public Policy declared that Black women are some of the most vulnerable patients in health care,

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21 ² <https://metro.co.uk/2021/02/07/rochelle-humes-confirms-doc-on-death-rate-of-black-women-in-childbirth-14036812/?ito=cbshare>

22 ³ Goyal, M., Kuppermann, N., Cleary, S., *et al.* "Racial Disparities in Pain Management of
23 Children with Appendicitis in Emergency Departments" JAMA PEDIATR. 2015 Nov;
24 169(11):996-1002. Accessed at
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2441797>.

25 ⁴ Goffman, D., Madden, R., Harrison, E., *et al.* "Predictors of maternal mortality and near-miss maternal
26 morbidity." *Journal of Perinatology*. 2007 August 16. Nature Research. Retrieved from
<https://www.nature.com/articles/7211810>.

27 ⁵ <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>

28 ⁶ <https://www.nbcnews.com/news/nbcblk/why-black-women-face-disproportionate-rates-breast-cancer-n1242777>

1 because of both their race and gender in a field that has historically been riddled with White
2 supremacy and sexism.⁷

3 12. Further, Dr. Morton is cognizant of the underrepresentation of Black doctors and scientists
4 and this disparity's adverse impact on Black patient care and health outcomes. Although African
5 Americans comprise 14% of the U.S. population, only 5% of doctors and biomedical scientists are
6 African American and Less than 3 % of U.S. medical school faculty members are Black.
7 Moreover, Black physician trainees are 31 times more likely to be expelled from postgraduate
8 training programs than white trainees.

9 13. In California, Black physicians are less than 3 percent of the entire medical profession.⁸
10 Black Californians routinely experience racism and implicit bias in their interaction with the
11 healthcare system and many have wanted more access to Black physicians.⁹ The data shows that
12 Black patient health outcomes markedly improve with the care of Black physicians.

13 14. A wealth of research data exists supporting the positive link between access to Black health
14 professionals and/or cultural competence and the quality of care and health outcomes for Black
15 patients. For example, a sentinel study of the outcomes of newborns in the intensive care unit
16 showed that the mortality indices for Black newborns were cut in half when Black physicians
17 cared for them. Other studies have demonstrated that Black male patients received more life-saving
18 screenings and tests when working with Black physicians and health care providers, decreasing the
19 cardiovascular gap with White men by up to 19%; Black patients were more receptive to surgical
20 recommendations from Black physicians; Black patients experienced an improved awareness of
21 lung cancer through Black physicians, and Black patients had higher adherence to cardiovascular
22 medicines when under the care of Black physicians.

23

24 ⁷ <https://bppj.berkeley.edu/2020/04/13/spring-2020-journal-mitigating-black-maternal-mortality/>;
25 <https://news.yahoo.com/black-patients-pain-under-appreciated-231417082.html>

26 ⁸ Woods et al., "We AINT CRAZY! Just Coping With a Crazy System": Pathways into the Black
27 Population for Eliminating Mental Health Disparities (May 2012) Cal. Reducing Disparities
28 Project, pp .28-30

28 ⁹ Cummings, In their Own Words: Black Californians on Racism and Health Care (Jan. 2022) Cal.
Health Care Foundation, p.4

1 15. Accordingly, Dr. Morton believes passionately in equity in higher education and is an
2 exceptional leader in advancing programs for DEI and BIPOC representation in medicine and
3 academia. To that end, he has developed and implemented several DEI pathway programs for
4 underrepresented minorities in the sciences as well as served in several advisory roles as a DEI
5 advocate including taking a two-year appointment with the Association of American Medical
6 Colleges (AAMC), as a member of the Group on Graduate Research Education and Training
7 (GREAT), and serving on the search committee for the inaugural Vice Provost for Diversity and
8 Inclusion and Chief Diversity Officer (CDO) at Emory University. Furthermore, Dr. Morton has
9 several peer-reviewed publications on equity in STEM and has personally mentored and created
10 research/publishing opportunities for underserved STEM students, specifically women, and
11 BIPOC.

12 16. Dr. Morton’s visionary community leadership stems from his belief that diversity and
13 inclusion are integral to the future of science and innovation. He aspires to uplift science
14 education where everyone has an equal opportunity to gain knowledge, learn, share and challenge
15 dogma in new ways.

16 **II. Dr. Morton is Recruited by KPSOM**

17 17. In the Fall of 2019, upon completing his post-doctoral fellowship, Dr. Morton applied for
18 faculty positions at several institutions, including KPSOM. KPSOM aggressively recruited Dr.
19 Morton.

20 18. KPSOM told Dr. Morton would have a unique opportunity to build an equity legacy that
21 other more established institutions could not afford him. KPSOM told Dr. Morton that he would
22 be a faculty partner and stakeholder in KPSOM’s equity mission and afforded robust opportunities
23 for DEI leadership. KPSOM presented the appointment as a unique opportunity because of the
24 institution’s purported fulsome commitment to the BIPOC community and to integrating equity
25 principles into medical education, patient care, and faculty relations.

26 19. KPSOM’s advertisement and public-facing materials also touted the school’s commitment
27 to DEI. Dr. Morton was impressed with KPSOM’s advertising, which centered and uplifted
28 BIPOC communities in medicine and science. KPSOM’s pledged itself to: “Achieve health equity

1 and eliminate disparities wherever they exist”, “Develop courageous leaders who challenge the
2 status quo..., and “Promote inclusiveness and diversify medical education”. Moreover, in 2019,
3 the institution adopted the name Kaiser Permanente Bernard J. Tyson School of Medicine,
4 renaming itself after the Kaiser Foundation’s first Black CEO, an icon renowned for his
5 commitment to DEI.

6 20. KPSOM offered Dr. Morton a faculty appointment on January 14, 2020, months in advance
7 of the standard faculty recruiting cycle. Dr. Morton accepted the faculty at KPSOM at the urging
8 of the Chair of Biomedical Science in early 2020. He was encouraged to accept his offer early
9 after his Department Chair learned he had an informal competing offer.

10 21. In biosciences, one’s first faculty appointment is a pivotal career inflection point. These
11 appointments are extraordinarily competitive. Moreover, the application process is cyclical and
12 time-sensitive. Typically, one missed cycle requires the applicant to wait a whole year to reapply.
13 These positions typically last several years and, if successful, transition into full professorships.
14 Ending one’s first faculty appointment before tenure or promotion is considered problematic and
15 renders the applicant less competitive. Thus, the first faculty appointment can make or break a
16 career.

17 22. Dr. Morton’s mentors counseled him against accepting KPSOM’s early employment offer.
18 They advised Dr. Morton that KPSOM was a nascent institution lacking the credentials, prestige,
19 and tenure opportunities afforded by more established institutions that would be eager to hire a
20 scholar of Dr. Morton’s talent and distinction.

21 23. Dr. Morton believed that KPSOM was fully committed to DEI, based on KPSOM’s public-
22 facing statements and the personal assurances he received from KPSOM management. Dr. Morton
23 was assured by the Chair of Biomedical Sciences that KPSOM’s values, environment, and culture
24 would provide him the best opportunity to flourish as a scientist, educator, and DEI leader.
25 Accordingly, Dr. Morton, resolute in his commitment to both science and DEI leadership, forfeited
26 tenure-track opportunities as well as certain financial and reputational benefits for the opportunity
27 to be a stakeholder in KPSOM, an institution ostensibly grounded in principles of racial justice,
28 inclusive pedagogy, and patient equity.

1 24. Dr. Morton began to work at KPSOM on March 23, 2020.

2 25. Contemporaneously, Dr. Morton was appointed to the California Institute of Technology
3 (Caltech) faculty as a Visiting Associate, because of his exceptional scientific and DEI credentials.

4 **III. KPSOM Disciplines, Down-levels, and Discharges Black Faculty Due to Racial Bias**

5 26. Notwithstanding KPSOM's willingness to exploit Dr. Morton's considerable talent,
6 teaching skills, reputation, and contributions to the KPSOM community in order to advance its
7 reputation in areas of diversity and inclusion and obtain certification, KPSOM has subjected Dr.
8 Morton to racial trauma arising from discriminatory employment decisions against Dr. Morton and
9 a workplace culture that disrespects, undermines, disciplines and ousts African American faculty,
10 including Dr. Morton, due to racial bias.

11 27. From March to July 2020, Dr. Morton worked virtually from Atlanta due to the Pandemic.

12 28. Commencing during that virtual work period, Dr. Morton observed and was disturbed by
13 the hostile workplace climate and culture. Dr. Morton attended a series of departmental meetings
14 facilitated by a KPSOM risk management employee to discuss workplace/department dysfunction.
15 During these meetings, several faculty members indicted KPSOM management for dereliction of
16 its mission due to a lack of accountability, non-transparency, racist practices, and failures and
17 omissions around DEI and anti-racism.

18 29. In July 2020, Dr. Morton relocated to Los Angeles and began his in-person teaching and
19 research. Upon arriving at KPSOM, Dr. Morton witnessed a racially hostile workplace culture. He
20 was immediately told that a Black faculty member in his department abruptly resigned due to
21 environmental and cultural dysfunction in the department and School.

22 30. During this period Dr. Morton observed KPSOM management apply a double standard for
23 the discipline of Black doctors who advocated and organized for equitable Pandemic protocols.
24 Black doctors were disciplined and ostracized and White doctors who were equally vocal suffered
25 no consequences.

26 31. In August 2020, Dr. Morton observed the removal and ouster of a Black member of the
27 faculty and small group facilitator, Dr. Aysha Khoury. The KPSOM leadership discharged her
28

1 immediately after she engaged students in a discussion around health care inequality and legacies
2 of racism in medicine.

3 32. In October 2020, Dr. Morton observed that anti-Black discrimination was having a
4 crushing impact on Black medical students. The students were overwhelmed. Several students
5 confided in Dr. Morton as a mentor that they were trying to communicate their concerns to
6 leadership, but their concerns were being ignored, and that they felt unheard.

7 33. BIPOC student complaints to the Dean were repeatedly dismissed and the leadership
8 refused to take any measures to evaluate their accountability for institutional racism. The students
9 also feared that the leadership at KPSOM would prevent them from getting their medical degrees
10 or from obtaining professional access in retaliation for complaining about racism.

11 34. Dr. Morton observed a palpable terror in his African American students that distressed
12 him.

13 35. On more than one occasion, at least two Black students approached Dr. Morton and told
14 him they were considering ways to protest Dr. Khoury's suspension. Those students asked Dr.
15 Morton if he thought they would still be permitted to obtain their degrees.

16 36. Dr. Morton, in turn, told his Department Chair, Jose Barral, that his students were
17 contemplating protest but were concerned about retaliation. Rather than reassuring Dr. Morton
18 that his students would not be retaliated against, Dr. Barral told Dr. Morton the students should
19 carefully consider what protest would mean for their future at KPSOM.

20 37. In October 2020, Dr. Morton and another Black faculty member agreed to meet with
21 several Black students to support them and encourage them to continue with their studies. Dr.
22 Morton counseled the students to partner with White student allies who were concerned about
23 racism at the school. He believed the institution would be more responsive to White students'
24 complaints.

25 38. Indeed, it was not until White students began to complain about institutional racism
26 including the Dean's failed leadership, the ouster of Dr. Khoury, and the disproportionate
27 departure of Black faculty, that the administration agreed to hold meetings denominated "town
28

1 halls” and “listening sessions” to purportedly allow students to voice their concerns and engage in
2 a dialogue around reconciliation.

3 39. The “town halls/listening sessions” began in December 2020 and continued through the
4 Spring of 2021.

5 40. KPSOM excluded faculty from the listening sessions, except for senior leadership.
6 Moreover, KPSOM excluded critical Black voices in senior leadership from the dialogue.
7 Specifically, the Dean prohibited the Associate Dean of DEI, an African American doctor tasked
8 with reporting discrimination complaints, from attending the listening sessions.

9 41. Dr. Morton is informed and believes that KPSOM did not use the listening session to
10 undertake corrective measures. Instead, the Dean leveraged the listening sessions to wage a smear
11 campaign against Dr. Aysha Khoury, one of the Black faculty they had targeted and retaliated
12 against.

13 42. Around this time, several of Dr. Morton’s colleagues at KPSOM revealed to him that they
14 were *actually* disappointed when they learned that he had accepted the faculty appointment and
15 would be relocating to work at KPSOM. They told him they were concerned during Dr. Morton’s
16 KPSOM interview process that KPSOM leadership was making false promises about the school’s
17 commitment to DEI and academic freedom. They also told him they were concerned that if Dr.
18 Morton accepted the appointment under false pretenses it would be ruining his career and
19 jeopardizing his mental health as he would be personally subjected to devastating racism.

20 **IV. Dr. Morton’s Black Colleagues Experience Racial Discrimination**

21 43. Since the establishment of the School, several Black women doctors at KPSOM have
22 either left or complained due to pervasive sexualized race bias in employment operations and
23 practices.

24 *A. Black Physician Colleague 1, Aysha Khoury*

25 44. Dr. Aysha Khoury, an African American Physician-Instructor was vigorously recruited
26 from her partner-track position in Kaiser’s Atlanta affiliate. Like Dr. Morton, KPSOM managers
27 assured Dr. Khoury that the school was authentically committed to equity and that she would be
28 invited to partner with KPSOM to actualize its DEI mission and vision in the classroom and her

1 faculty leadership roles. Based on these promises Dr. Khoury left a successful practice, her
2 family, and a lifetime community, and relocated to California.

3 45. Dr. Khoury experienced egregious gender and race discrimination during her time at
4 KPSOM. Dr. Khoury was subjected to a double standard in the discipline. Leadership showed
5 outsized hostility toward her for advocating for safer, equitable, and culturally informed Covid 19
6 protocols. White doctors who were equally vocal faced no hostility or discipline.

7 46. Dr. Khoury experienced extreme, arbitrary, racial animus. She was discharged from the
8 faculty immediately after she facilitated a class discussion on bias elimination in medicine where
9 she discussed health care inequity, the underrepresentation of Black doctors in the health field, its
10 impact on patient health outcomes, and her lived experience as a Black woman physician.

11 47. Dr. Morton heard and witnessed the senior leadership coldly and callously inform Dr.
12 Khoury she was being removed because of her activity in the classroom that day. He heard them
13 inform her that they did not want to see her on campus and declined to give her an opportunity to
14 offer comments or address the merits of any allegations of wrongdoing. Dr. Morton observed that
15 Dr. Khoury's callous, and summary removal was blatantly racist.

16 48. After her experience of extreme anti-Black racism and race-based trauma, Dr. Khoury
17 sought an academic appointment at a historically Black medical school.

18 *B. Black Physician Colleague 2*

19 49. In December 2020, a female Black physician-academic complained in writing to Dean
20 Schuster and senior leadership that KPSOM's culture was toxic to Black physicians. *Black*
21 *Physician Colleague 2* implored the leadership to use anti-racism approaches to promote healing.
22 Specifically, the complaint stated as follows:

23 *Hello Leadership,*

24 *Given the division, strife, trauma that has occurred in our community I am*

25 *requesting that the process to address this be a restorative justice process. Only*

26 *when we can approach it from this perspective will we be able to heal and begin to*

27 *be a community. I have attached a video that explains the importance of this*

28

1 process and what it actually means. I implore you to watch it. You can start at
2 8:40 time and it will take only about 15 minutes of your time.

3 <https://youtu.be/Um8mAo8IbyI>

4
5 I am pleading with you all to understand the harm that has been caused to the
6 entire community and to be honest about the harm and sincere in your attempts to
7 correct the course. **We are a racist institution, we are upholding the system of**
8 **white supremacy that is at the core of our nation, but we do not have to be.** We
9 can choose to be different, we can choose to be actively anti-racist and not just
10 “become a more anti-racist organization”. The prospect of working with
11 individuals that are committed to doing the difficult work was what made me want
12 to be a part of this institution. The lack of ownership for the harm that has been
13 created and the repetitive trauma, the tokenization that I have experienced and that
14 lack of want to understand the continued harm that cause has been unbearable at
15 times.

16
17 **This is not what I agreed to, these acts that are standard corporate and systemic**
18 **oppression tactics are not why I agreed to be here.** The students, the faculty and
19 staff deserve better. My only intent with this email is to encourage you to do better.
20 I cannot stay silent anymore. It is entirely too much to bare emotionally to continue
21 the façade when I see the status quo occurring.

22
23 Please make the right choice. **Please do right by those who have poured their**
24 **heart, soul and professional reputations into the principles we proprot to be**
25 **about. I understand that my individual voice matters not to you and that we as an**
26 **institution have shown time and time again that individuals like myself are**
27 **replaceable, but I will tell you in full disclosure, if we continue on our current**
28 **course I will not be silent any longer.** Silence is causing students to turn on

1 *students and faculty to turn on faculty and increasing distain, anger and*
2 *discontentment and I will not continue to play a role in that. I cannot. I am happy*
3 *to discuss further with any of the leadership that has questions, but not just as a*
4 *means to silence or “appease” me to have a real conversation.*

5
6 50. Dr. Morton was read this statement at or around the time it was sent by the statement’s
7 author.

8 *C. Black Physician Colleague 3*

9 51. Dr. Morton’s only Black male physician colleague experienced anti-Black racial animus
10 as well. The most senior DEI leadership official was a Black doctor with a reputation for academic
11 brilliance and professional excellence and a nationally recognized DEI subject matter expert.
12 *Black Physician Colleague 3* was treated abysmally because of his race.

13 52. KPSOM leadership recruited and lured *Black Physician Colleague 3* away from a
14 thriving, partner track practice at a Kaiser Permanente medical group outside of California to
15 come to work at KPSOM. Like Dr. Morton, *Black Physician Colleague 3* was told in interviews
16 that KPSOM disavowed systemic inequality and was fully committed to breaking down the
17 structures of health care inequality through high-quality counter-bias informed medical training.
18 *Black Physician Colleague 3* was assured that he would be given the unique opportunity to fully
19 implement KPSOM’s equity Mission statement and turn it into reality. Based on these promises,
20 *Black Physician Colleague 3* left his successful practice, his family, and his faith community to
21 come to California to fulfill his professional, and social justice ambitions.

22 53. Instead of being supported to advance DEI, *Black Physician Colleague 3* was stymied at
23 every turn by his KPSOM supervisors. After *Black Physician Colleague 3* endeavored to increase
24 BIPOC faculty representation, address EEO and ADA violations, and create channels for BIPOC
25 faculty to voice their concerns about discrimination to management, the leadership swiftly
26 retaliated against him. His direct supervisors Dr. Connelly, Senior Associate Dean for Academic
27 and Community Affairs, and Dean Schuster made racist remarks. Dr. Connelly indicated it was a
28 waste of KPSOM resources to target HBCUs for recruitment. Dean Schuster told Colleague 4 that

1 his job was to be a sounding board and that in his presence the Dean would not filter remarks that
2 could be perceived as inappropriate. In effect, this meant *Black Physician Colleague 3* was
3 subjected to unfiltered, racist statements. The Dean told *Black Physician Colleague 3* that they
4 needed to infantilize him and keep a close eye on him. Accordingly, his managers micromanaged
5 him relentlessly and treated him differently than the other members of senior leadership. The
6 Dean also told *Black Physician Colleague 3* that before he departed from the school he needed to
7 find them a Black man to join the faculty. *Black Physician Colleague 3* was a constant target of
8 leadership's racial animus. He was removed from leadership roles on committees that allowed
9 him to interface with faculty, in direct contravention of KPSOM's bylaws and his job description.
10 He was intentionally sidelined, demoted from leadership, and constructively discharged.

11 54. After his experience of extreme anti-Black racism and race-based trauma, *Black Physician*
12 *Colleague 3* sought an academic appointment at a historically Black medical school. The
13 experience of discrimination was deeply humiliating, destabilizing, and chilling for *Black*
14 *Physician Colleague 3* and other Black faculty who witnessed his debasement, including Dr.
15 Morton.

16 *D. Black Scientist Colleague 1*

17 55. One Black faculty member observed that Black women at KPSOM were stigmatized. She
18 recounted that she and other Black women were accused of creating an atmosphere of exclusion
19 when they socialized together.

20 56. The same faculty member observed that the administration took a checklist, tokenization
21 approach to diversity. School leadership viewed diversity as a box to check, tallying the
22 employees of color and publicly touting the quantum of Black doctors as proof of diversity.

23 57. Dr. Morton arrived after that colleague left KPSOM but was made aware of her complaints
24 through colleagues.

25 *E. Black Scientist Colleague 2*

26 58. This female colleague reported to Dr. Morton that she feared meeting with her Black
27 students because of the stigma KPSOM created around gatherings of two or more Black
28 professionals. *Black Scientist Colleague 2* truncated her meetings with Black students fearing

1 retaliation against herself and her medical students. She felt powerless to assuage the fears and
2 concerns that were destabilizing her Black students.

3 59. Dr. Morton felt the need to take similar precautions against associating with Black students
4 because of his experience of anti-Black workplace discrimination and stigmatization of Black
5 leadership. Indeed Dr. Morton would keep his meetings with Black students very short, to just 10
6 minutes. When a Black student asked for tutoring, Dr. Morton felt compelled to obtain express
7 permission from the Dean to meet with the student so that he would not be later accused of
8 disrupting students or causing problems.

9 60. *Black Scientist Colleague 2*, experienced devastating gender and race discrimination at
10 KPSOM. *Black Scientist Colleague 2* voiced concerns about the School's environmental and racial
11 issues directly to the Chair of Biomedical Science and pleaded with him to address these issues
12 prior to Dr. Morton's arrival at KPSOM. *Black Scientist Colleague 2's* concerns were not taken
13 seriously, and she began to be treated with hostility by leadership. This hostility had an observable
14 impact on *Black Scientist Colleague 2's* career at KPSOM. *Black Scientist Colleague 2* was
15 routinely passed over for leadership opportunities for less qualified colleagues. In one such case,
16 *Black Scientist Colleague 2*, was passed over for a leadership position in a DEI curriculum
17 committee, for a non-faculty staff member with no prior DEI experience in science or medicine.

18 61. That colleague has accepted a faculty position at another institution.

19 **V. Dr. Morton Experiences Further Anti-Black Discrimination, Downleveling, and**
20 **Retaliation on the Equity, Inclusion and Diversity Advisory Committee (EIDA)**

21 62. The EIDA committee was just forming in early 2021, following the events surrounding Dr.
22 Khoury's suspension and termination. Dr. Morton was selected by Dean Schuster as an inaugural
23 member of the committee. He agreed to this appointment believing he could be a force for change
24 at the School given the purported mission and the official purpose of the EIDA committee. Dr.
25 Morton thought that his experience in DEI in science and his lived experience as an African
26 American man could be leveraged to protect underrepresented KPSOM students, faculty, and staff
27 from future discrimination and inequitable treatment. Moreover, this position would effectively
28

1 give Dr. Morton “a seat at the table”, as this committee reported directly to the Dean. This
2 committee would expand Dr. Morton’s role in faculty governance at KPSOM.

3 63. The Bylaws describe the EIDA's purpose and authority as follows:

4 *The Equity, Inclusion, and Diversity Advisory Committee (EIDA) is responsible for advising*
5 *the Dean of the school of medicine on opportunities and challenges in meeting the school's*
6 *equity, inclusion, and diversity (EID) goals. In this way, the committee supports the interests*
7 *of the students, faculty, staff and the community through collecting, monitoring, and reviewing*
8 *pertinent data, both internal and external, related to the school's culture, curriculum,*
9 *community partnerships, and demographics.*

10 64. Dr. Morton and his colleagues on the committee set out to create accountability structures
11 and assessment tools to get an accurate measure of the climate around race and to marshal
12 information to support recommendations for systemic resolution and restorative justice approaches
13 to abate the hemorrhaging of Black faculty and staff.

14 65. KPSOM leadership thwarted this effort, swiftly dismantled the structures the committee
15 tried to erect and retaliated against the EIDA membership for taking a proactive stance against
16 discrimination by truncating the EIDA’s purview and scope of work in a manner inconsistent with
17 the bylaws.

18 66. Dr. Morton had initial conversations with his colleagues about chairing the committee. He
19 concluded based on his colleagues and students, and his personal experiences of stigmatization,
20 that a Black person could not be seen as credible in the KPSOM DEI space and would instead be
21 retaliated against and summarily dismissed as a complainer, malcontent, and too impartial to
22 competently speak to the issues of equity and inclusion.

23 67. KPSOM leadership eliminated access and collaboration with the Associate Dean of DEI
24 from the EIDA’s scope of work. They expressly prohibited the Associate Dean of DEI from
25 attending EIDA meetings, in contravention of the Bylaws and the Associate Dean’s job
26 description. After siloing the EIDA and the DEI Department, Dean Schuster’s office took over the
27 Associate Dean’s EIDA responsibilities.

28

1 68. The leadership purported to implement culture and climate assessment tools by hiring an
2 outside DEI consultant. However, the EIDA was not permitted to vet the consultant or weigh in
3 on the consultant's scope of work. Dr. Morton was not allowed to speak to the consultant
4 conducting the assessments of climate and culture and the consultant did not speak to any other
5 Black faculty in his department. Finally, the committee was not permitted to review any data
6 gathered by the consultant, or their conclusions. Thus, Dr. Morton and his EIDA colleagues
7 concluded that KPSOM leadership used the DEI outside consultant program to justify the status
8 quo rather than seek to improve.

9 69. The leadership took painstaking steps to disempower the EIDA and Dr. Morton. This
10 contravened the bylaws and belied as a pretext the commitments managers had made to induce Dr.
11 Morton to accept a faculty appointment. Accordingly, KPSOM curtailed Dr. Morton's academic
12 freedom, dismantled opportunities for faculty-shared governance, and demoted Dr. Morton from a
13 stakeholder in the school's diversity program to a lame-duck, token for DEI messaging. This
14 down-leveling changed the conditions of Dr. Morton's employment.

15 70. At least two allies on the EIDA resigned their posts and left the school because of their
16 despair and frustration over the ongoing discrimination against African American colleagues and
17 disillusionment about the Committee's diminution in power after leadership reduced its scope of
18 work.

19 71. One White female EIDA colleague vocalized concerns about structural racism against
20 Black KPSOM faculty and then departed from the committee and the school. She stated that she
21 was leaving because she realized that KPSOM's DEI commitment and the EIDA were only an act
22 and that, as such, the anti-Black discrimination would continue unabated.

23 72. A Latina colleague departed from the EIDA and KPSOM disillusioned, after many failed
24 attempts to stir authentic leadership from the Dean on anti-racism and to generate honest discourse
25 about the racially motivated ouster of Black faculty including Dr. Khoury, and other minority
26 faculty and staff. She believed that the leadership had not taken any corrective measures and
27 would never accept accountability for the institution's discriminatory practices.

28

1 73. Another EIDA colleague spoke out against anti-Black racial microaggressions they
2 witnessed as a bystander and the disparate punishment of Black faculty and staff who complained
3 about KPSOM operations in comparison to White faculty that engaged in similar dissent.
4 Subsequently, the KPSOM leadership threatened that their career at KPSOM would suffer if they
5 continued their advocacy publicly, especially in the presence of students. Thereafter, they
6 refrained from taking a vocal position on these issues.

7 74. In April 2021, EIDA became fractured and effectively disbanded because of the
8 manufactured limitations on their scope of work and the continuing hostility that they observed
9 White leadership direct against Black faculty.

10 75. The racial stigma associated with Black leadership chilled Dr. Morton's speech and
11 stymied his academic freedom and free association with Black colleagues. Accordingly, pervasive
12 racial animus altered the conditions of employment.

13 **VI. Dr. Morton Complains to Leadership of Discrimination**

14 76. Between October 2020 and July 2021, Dr. Morton lodged at least 12 complaints with his
15 supervisor, the Associate Dean of DEI, and the Dean of the School regarding the unfair treatment
16 of Black faculty and disparities in discipline between Black and white faculty who vocalized
17 dissent. He complained that the Associate Dean of DEI was being blatantly silenced, siloed,
18 demoted, and mistreated because he was Black. He reported that the callous treatment of Dr.
19 Aysha Khoury looked like textbook racism and that the misleading statements and lack of
20 transparency around her departure belied prevarication. He reported that KPSOM needed to take
21 ownership and accountability measures for the health of the faculty, staff, and students. The
22 Administration never took concrete steps to respond to his pleas for fair treatment of Black
23 faculty. KPSOM refused to be held accountable for the disparities he reported.

24 77. Dr. Morton reported to his supervisor many times that he was fearful of discrimination and
25 retaliation. He complained that he had observed his colleagues demoted, sidelined, and blacklisted
26 for speaking out against institutional racism. Dr. Morton told his supervisor that despite his stellar
27 credential and excellent performance reviews he feared that he would meet that fate as well
28 because he is Black.

1 78. In January 2021, Dr. Morton began to wonder whether he had a future career at KPSOM.
2 Instead, continuing to work at KPSOM would only bring retaliation and cause him to be
3 blacklisted. Because he had dissented and tried on many occasions to move the needle toward
4 institutional accountability, all pathways for advancement at KPSOM would be foreclosed to him
5 as they had been for all Black faculty who had complained of inequity.

6 79. As there were no pathways for advancement and failure to advance in this initial
7 appointment would end his career, Dr. Morton was constructively discharged.

8 80. The week before he left, Dr. Morton met with Dean Schuster again. He told the Dean that
9 he failed in his duty to the faculty and students, that his omission was the cause of student and
10 faculty distress, and that his failures and omissions seemed intentional.

11 81. Shortly before his departure, Dr. Morton tendered to KPSOM Human Resources a written
12 report documenting his termination due to direct and secondary racial discrimination. He reported
13 that he had previously complained of discrimination and a hostile work environment to his
14 supervisor and the Dean in emails and person. The complaint also stated that he had not previously
15 complained to Human Resources because of fear of retaliation from leadership.

16 **VII. Dr. Morton Experiences Emotional Distress and Race-Based Trauma Due to the**
17 **Hostile Work Environment**

18 82. Beginning in August 2020 and likely triggered by witnessing the mistreatment of Dr.
19 Khoury by KPSOM, Dr. Morton began to experience panic attacks, heart palpitations, night
20 sweats, and sleeplessness because of the hostile work environment at KPSOM. The adverse
21 physiological impact caused by the hostile workplace was ongoing.

22 83. By early 2021, and for the first time in his life, Dr. Morton sought counseling and therapy
23 to navigate this experience of racial trauma.

24 **VIII. KPSOM's Data Reveals a Pattern of Disparate Treatment**

25 84. Upon information and belief, between 2019 and 2021, KPSOM's *PeoplePulse* climate and
26 engagement surveys showed persistently low scores for the "Inclusion theme", "Speaking Up
27 index", and "Engagement index" for minority employees.

28

1 85. Upon information and belief, in 2020, KPSOM's affirmative action plan data showed that
2 women and minorities were underutilized across several areas and implicated Equal Employment
3 Opportunity violations. Specifically, the data suggested EEO violations because it revealed that
4 women were underutilized across education and training job groups and that minorities were
5 underutilized across faculty and senior administrative job groups.

6 86. Generally, Black faculty and staff were overrepresented in departures from KPSOM and
7 were consistently replaced by non-minority faculty/staff. From 2017 on, out of at least eight
8 faculty and staff involuntarily separated from KPSOM, seven were people of color and four were
9 Black, and three of those four were Black women. Also, outsized Black faculty and staff
10 voluntarily separated from KPSOM complaining of a toxic work environment. At least, eleven of
11 the thirteen voluntary departures were people of color, five of them Black, and four of those five
12 were Black women.

13 87. As of August 2022, 100% of all Black faculty and nearly all faculty of color in Dr.
14 Morton's department, Biomedical Science, have resigned or are in the process of resigning their
15 faculty position at KPSOM.

16 **IX. DAMAGES**

17 88. As a result of the hostile work environment and constructive discharge, Dr. Morton
18 suffered hypertension, anxiety, depression, insomnia, severe headaches, and stomach pains.

19 89. As a result of the hostile work environment and constructive discharge, Dr. Morton
20 incurred financial losses including a decrease in his income, expenses related to moving, losses to
21 current and future retirement savings, and a reduction in assets/wealth.

22 90. As a result of his demotion and constructive discharge, Dr. Morton incurred opportunity
23 costs, lost income, and reputational damage including the loss of the opportunity to build his
24 academic portfolio as a junior faculty to achieve promotion and eligibility for a valuable pension –
25 an unusual benefit in academia.

26 **CAUSES OF ACTION**

27 **CAUSE OF ACTION 1:**

28 **Race Discrimination in Violation of California Government Code Section 12940(a)**

1 91. Plaintiff realleges the preceding paragraphs as if set forth here.

2 92. The School acted at all material times as an employer of Dr. Morton, including exercising
3 control over Dr. Morton's schedule and duties, supervising Dr. Morton, disciplining Dr. Morton,
4 and compensating Dr. Morton.

5 93. Dr. Morton acted at all material times as an employee of the School and a member of the
6 School's faculty. He took assignments from his supervisors at the School, worked the schedule
7 required by the School, used equipment supplied by the School, and understood that his
8 compensation was based on his employment with the School.

9 94. The School subjected Dr. Morton to a series of adverse employment actions, including
10 down-leveling, intimidation, stigmatization, heightened scrutiny, different standards of behavior,
11 and constructive termination.

12 95. Dr. Morton's race was a substantial motivating reason he was down-leveled, intimidated, and
13 constructively terminated.

14 96. Dr. Morton was harmed by the School's discrimination. As a result of the School's
15 discrimination against him, Plaintiff has incurred opportunity costs, reputational damage,
16 reputational damage, reputational damage, and suffered financial losses and
17 physical and emotional distress.

18 97. Defendants' conduct was oppressive, malicious, and fraudulent.

19

20

CAUSE OF ACTION 2:

21

Racial Harassment in Violation of California Government Code Section 12940(j)

22

98. Plaintiff realleges the preceding paragraphs as if set forth here.

23

24

99. The School acted at all material times as an employer of Dr. Morton, including exercising
control over Dr. Morton's schedule and duties, supervising Dr. Morton, disciplining Dr. Morton,
25 and compensating Dr. Morton.

26

27

100. Dr. Morton acted at all material times as an employee of the School and a member
of the School's leadership. He took assignments from his supervisors at the School, worked the

28

1 schedule required by the School, used equipment supplied by the School, and understood that his
2 compensation was based in part on his employment with the School.

3 101. Dr. Morton was subjected to harassing conduct because of his race, Black.

4 102. The harassment of Dr. Morton because of his race was both severe and pervasive.

5 103. A reasonable Black person in Dr. Morton's circumstances would have considered
6 the work environment to be hostile, intimidating, offensive, oppressive, or abusive.

7 104. Dr. Morton considered the work environment to be hostile, intimidating, offensive,
8 oppressive, or abusive.

9 105. The harassment of Dr. Morton was caused by his supervisors.

10 106. The harassment of Dr. Morton was a substantial factor in causing his damages,
11 including lost opportunity costs, reputational damage, reputational damage, reputational damage,
12 stigmatic harm, and suffered financial losses, and physical and emotional distress.

13 107. Defendants' conduct was oppressive, malicious, and fraudulent.

14 **CAUSE OF ACTION 3:**

15 **Retaliation in Violation of California Government Code Section 12940(h)**

16 108. Plaintiff realleges the preceding paragraphs as if set forth here.

17 109. The School acted at all material times as an employer of Dr. Morton, including
18 exercising control over Dr. Morton's schedule and duties, supervising Dr. Morton, disciplining Dr.
19 Morton, and compensating Dr. Morton.

20 110. Dr. Morton acted at all material times as an employee. He took assignments from
21 his supervisors at the School, worked the schedule required by the School, used equipment
22 supplied by the School, and understood that his compensation was based in part on his
23 employment with the School.

24 111. Dr. Morton reported race and gender discrimination against him and other Black
25 faculty, staff, and students to the School administration, including Dean Schuster. He also
26 reported to Dean Schuster on DEI failures by the school.

27

28

1 Section 1102.5 and California Labor Code Section 6310(b), California Health and Safety Code
2 Section 1278.5 (b)(1)(A) & (B).

3 122. Dr. Morton's down-leveling and constructive discharge were substantially
4 motivated by the School's violations of the above public policies.

5 123. As a result of the School's actions, Dr. Morton has incurred opportunity costs,
6 reputational damage, reputational damage, and suffered financial losses and physical and
7 emotional distress.

8 124. Defendants' conduct was oppressive, malicious, and fraudulent.

9 **CAUSE OF ACTION 5:**

10 **Breach of Employment Contract**

11 125. Plaintiff realleges the preceding paragraphs as if set forth here.

12 126. The School acted at all material times as an employer of Dr. Morton, including
13 exercising control over Dr. Morton's schedule and duties, supervising Dr. Morton, disciplining Dr.
14 Morton, and compensating Dr. Morton.

15 127. Dr. Morton acted at all material times as an employee of the School and a member
16 of the School's leadership. He took assignments from his supervisors at the School, worked the
17 schedule required by the School, used equipment supplied by the School, and understood that his
18 compensation was based in part on his employment with the School.

19 128. The School and Dr. Morton entered an employment contract that incorporated the
20 faculty handbook and bylaws.

21 129. The School breached its contract with Dr. Morton by down-leveling him, and
22 constructively discharging him.

23 130. Dr. Morton substantially performed his job duties.

24 131. Dr. Morton would not have been down-leveled or constructively discharged had
25 KPSOM adhered to its contract with Dr. Morton.

26 132. As a result of these breaches of contract, Dr. Morton has incurred opportunity costs,
27 reputational damage, and suffered financial losses and physical and emotional distress.

28 **CAUSE OF ACTION 6:**

1 Breach of the Implied Covenant of Good Faith and Fair Dealing

2 133. Plaintiff realleges the preceding paragraphs as if set forth here.

3 134. The School acted at all material times as an employer of Dr. Morton, including
4 exercising control over Dr. Morton’s schedule and duties, supervising Dr. Morton, disciplining Dr.
5 Morton, and compensating Dr. Morton.

6 135. Dr. Morton acted at all material times as an employee of the School and a member
7 of the School’s leadership. He took assignments from his supervisors at the School, worked the
8 schedule required by the School, used equipment supplied by the School, and understood that his
9 compensation was based in part on his employment with the School.

10 136. The School and Dr. Morton entered an employment contract that contains an
11 implied covenant of good faith and fair dealing.

12 137. The School breached the implied covenant of good faith and fair dealing with Dr.
13 Morton by down-leveling and constructively discharging him.

14 138. Dr. Morton substantially performed his job duties.

15 139. But for the breach of the implied covenant of good faith and fair dealing, Dr.
16 Morton would not have been demoted, denied promised compensation, or constructively
17 discharged.

18 140. As a result of these breaches of the covenant of good faith and fair dealing, Dr.
19 Morton has incurred opportunity costs, reputational damage, and suffered financial losses and
20 physical and emotional distress.

21 **CAUSE OF ACTION 7:**

22 Retaliation in Violation of Labor Code 1102.5(b)

23 141. Plaintiff realleges the preceding paragraphs as if set forth here.

24 142. The School acted at all material times as an employer of Dr. Morton, including
25 exercising control over Dr. Morton’s schedule and duties, supervising Dr. Morton, disciplining Dr.
26 Morton, and compensating Dr. Morton.

27 143. Dr. Morton acted at all material times as an employee of the School and a member
28 of the School’s leadership. He took assignments from his supervisors at the School, worked the

1 schedule required by the School, used equipment supplied by the School, and understood that his
2 compensation was based in part on his employment with the School.

3 144. Dr. Morton reported violations of FEHA's prohibitions on race and gender
4 discrimination against him and others to the School's administration on multiple occasions.

5 145. Despite lip service to investigating Dr. Morton's complaints, he is informed and
6 believes that the School took no serious remedial action in response to his complaints.

7 146. Dr. Morton's reports of race and gender discrimination were a substantial
8 motivating reason for the School's adverse employment actions, including demoting Dr. Morton,
9 denying him the stakeholder status he was promised, and constructively discharging him.

10 147. Plaintiff was harmed by the School's retaliation. As a result of the School's
11 retaliation against Dr. Morton, he has incurred opportunity costs, reputational damage, reputational
12 damage, and suffered financial losses and physical and emotional distress.

13 148. Defendants' conduct was oppressive, malicious, and fraudulent.

14 **CAUSE OF ACTION 8:**

15 **Unfair Competition**

16 149. Plaintiff realleges the preceding paragraphs as if set forth here.

17 150. Defendants' conduct alleged above constitutes unlawful business acts and/or
18 practices within the meaning of Business and Professions Code sections 17200, et seq.

19 Defendants' predicate acts include:

- 20 a. Discrimination based on race and gender;
- 21 b. Retaliation for opposing race and gender discrimination;
- 22 c. Violations, including retaliation, of 42 U.S.C. § 1981;
- 23 d. Violations, including retaliation, of 42 U.S.C. § 1982;
- 24 e. Wrongful discharge in violation of public policy;
- 25 f. Retaliation in violation of California Labor Code Section 1102.5(b).

26 151. As a direct and proximate result of Defendants' conduct, Plaintiff incurred
27 opportunity costs, reputational damage, reputational damage, and suffered financial losses and
28 physical and emotional distress.

1 152. As a direct and proximate result of Defendant's conduct, Plaintiff is entitled to
2 restitution.

3 153. Defendants' conduct was oppressive, malicious, and fraudulent.

4 **CAUSE OF ACTION 9:**

5 **Promissory Estoppel**

6 154. Plaintiff realleges the preceding paragraphs as if set forth here.

7 155. Dr. Morton was promised in unambiguous terms that he would have a unique
8 opportunity to build an equity legacy that other more established institutions could not afford him.
9 KPSOM told Dr. Morton that he would be a faculty partner and stakeholder in KPSOM's equity
10 mission and afforded robust opportunities for DEI leadership. KPSOM presented the appointment
11 as a unique opportunity because of the institution's purported fulsome commitment to the BIPOC
12 community and to integrating equity principles into medical education, patient care, and faculty
13 relations.

14 156. Dr. Morton actually, reasonably, and foreseeably relied on each of KPSOM's
15 promises to him. Not only did Dr. Morton relocate to Los Angeles County for the position, but he
16 also gave up more traditional faculty opportunities at a crucial moment in his career.

17 157. Dr. Morton was harmed by relying on this false promise Dr. Morton has incurred
18 opportunity costs, reputational damage, reputational damage, and suffered financial losses and
19 physical and emotional distress.

20 158. Injustice can only be avoided by enforcing KPSOM's promises to Dr. Morton

21 159. Defendants' conduct was oppressive, malicious, and fraudulent.

22 **RELIEF REQUESTED**

- 23 a. Plaintiff seeks money damages as permitted by law;
- 24 b. Plaintiff seeks penalties to the greatest extent allowed by law;
- 25 c. Plaintiff seeks punitive damages against the Defendants on all counts to which he is
26 entitled to such relief;
- 27 d. Plaintiff seeks attorney's fees and costs, and reputational damage, to the maximum
28 extent permitted by law and contract;

- 1 e. Plaintiff seeks injunctive relief to prevent continuing violations of the law;
2 f. Plaintiff seeks reinstatement;
3 g. Plaintiff seeks front pay in lieu of reinstatement;
4 h. Plaintiff seeks equitable relief, including restitution, to the full extent permitted;
5 i. Plaintiff seeks interest as allowed by law;
6 j. Plaintiff seeks any further relief the Court deems just and necessary.

7
8 RESPECTFULLY SUBMITTED THIS ____ Day of August 2022,
9

10 **LAW OFFICES OF LISA HOLDER**

11
12 /s/Lisa Holder
13 LISA HOLDER

14
15 **BROWN, NERI, SMITH & KHAN LLP**

16
17 /s/Nathan M. Smith
18 NATHAN M. SMITH

19
20 **DEMAND FOR JURY TRIAL**

21 Plaintiff demands a jury trial on all counts so triable.
22

23 RESPECTFULLY SUBMITTED THIS 22 Day of August 2022,
24

25 **BROWN, NERI, SMITH & KHAN LLP**

26 /s/Nathan M. Smith
27 NATHAN M SMITH