

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

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CLAIRE HANLEY, M.D.

Plaintiff,

– against –

ECF Case

Case No. 19-CV-4246

COMPLAINT

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION, KINGS COUNTY HOSPITAL CENTER; STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER; WAYNE J. RILEY, M.D. as President of SUNY Downstate Medical Center; DEBORAH L. REEDE, M.D. as Chair of Radiology of SUNY Downstate Medical Center and individually; PATRICK HAMMILL, M.D. as Director of Radiology at Kings County Hospital Center and individually; and NEESHA PATEL, M.D.,

Defendants.

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Plaintiff Claire Hanley, M.D., by her attorneys, Conover Law Offices, for her complaint against defendants, New York City Health and Hospitals Corporation, Kings County Hospital Center, State University of New York Downstate Medical Center, Wayne J. Riley, M.D., as President of SUNY Downstate Medical Center, Deborah L. Reede, M.D. as Chair of Radiology of SUNY Downstate Medical Center, and individually, Patrick Hammill, M.D. as Director of Radiology at Kings County Hospital Center, and individually, Neesha Patel, M.D., alleges as follows:

PRELIMINARY STATEMENT

1. Plaintiff Claire Hanley, M.D., is a physician who was employed as a radiologist by defendants New York City Health and Hospitals Corporation, Kings County Hospital Center, and State University of New York Downstate Medical Center from 2002 until 2018 when

defendants used false charges about her performance to terminate her appointment and privileges and replace her with a less qualified and experienced radiologist who was approximately thirty years younger.

2. Plaintiff brings this action to remedy discrimination because of age, in violation of the Age Discrimination in Employment Act, as amended, 29 U.S.C. §§621 *et seq.* (“ADEA”); defendants’ denial of her right to due process and meaningful opportunity to be heard, in violation of the Fourteenth Amendment to the United States Constitution and 42 U.S.C. §1983; the New York Human Rights Law, N.Y. Exec. Law, Article 15, §§ 290 *et seq.* (“NYHRL”); and the New York City Human Rights Law, Administrative Code of the City of New York §§8-101 *et seq.* (“NYCHRL” or the “City law”).

3. Plaintiff seeks declaratory and injunctive relief, damages, attorneys’ fees and costs, and any other appropriate legal and equitable remedies under the applicable laws.

JURISDICTION, VENUE AND ADMINISTRATIVE EXHAUSTION

4. This Court has subject matter jurisdiction of this action pursuant to 28 U.S.C. §§1331, 1343(a)(4), 29 U.S.C. §626(c).

5. This Court has supplemental jurisdiction of plaintiff’s NYHRL and City law claims against defendants pursuant to 28 U.S.C. §1367(a) because the claims and parties are so related to the claims under the Age Discrimination in Employment Act that they form part of the same case or controversy.

6. Because the events giving rise to this action took place in the Eastern District of New York, venue is proper in this District pursuant to 28 U.S.C. §1391.

7. Plaintiff timely filed a charge of employment discrimination against defendants New York City Health and Hospitals Corporation, Kings County Hospital Center, and State

University of New York Downstate Medical Center with the U.S. Equal Employment Opportunity Commission (“EEOC”), alleging violation of the ADEA. The EEOC issued plaintiff Notice of Right to Sue defendant State University of New York Downstate Medical Center on April 29, 2019 and defendant New York City Health and Hospitals Corporation, Kings County Hospital Center on June 12, 2019; this action is timely filed thereafter.

8. Pursuant to §8-502(c) of the City law, plaintiff will serve this complaint on the New York City Commission on Human Rights and on the City of New York Corporation Counsel.

PARTIES

9. Plaintiff Claire Hanley, M.D. (“Dr. Hanley” or “plaintiff”), is a physician licensed in New York and board certified by the American Board of Radiology. She is and has been employed as a radiologist at defendant New York City Health and Hospitals Corporation, Kings County Hospital Center, and as Clinical Assistant Professor in the Department of Radiology of defendant State University of New York Downstate Medical Center, from August 2002 until the changes in her employment described below when she was 70 years old.

10. Defendant New York City Health and Hospitals Corporation (“HHC”) is a public benefit corporation created by the New York State Legislature in 1970 to operate the public hospital system in New York City. HHC operates constituent hospitals including Kings County Hospital Center (“KCHC”). HHC and KCHC are employers under the ADEA, NYHRL, and the City law.

11. Defendant State University of New York Downstate Medical Center (“Downstate”) is a constituent academic medical center of and operated by the State University

of New York in Brooklyn, New York. Downstate is an employer under the ADEA, NYHRL, and the City law.

12. Defendant Wayne J. Riley, M.D. (“Dr. Riley”), is President of Downstate, has authority to reappoint and reinstate plaintiff to employment, and is sued in his official capacity to effectuate prospective relief under the federal law claim.

13. Defendant Deborah Reede, M.D. (“Dr. Reede”), is Chair of Radiology of Downstate, exercises supervision over the Department of Radiology, has authority to reappoint and reinstate plaintiff to employment, and is sued in her official capacity to effectuate prospective relief under the federal law claim. Dr. Reede participated in the conduct giving rise to the discrimination, has supervisory authority to hire and fire employees or effectively to recommend their hiring and firing, is an agent of Downstate, and aided and abetted in the discriminatory acts of which plaintiff complains. Dr. Reede is sued individually under the NYHRL and City law, and as an aider and abettor under the NYHRL and the City law.

14. Defendant Patrick Hammill, M.D. (“Dr. Hammill”) was at relevant times Director of Radiology at KCHC and Assistant Professor of Radiology at Downstate. Dr. Hammill participated in the conduct giving rise to the discrimination, has supervisory authority to hire and fire employees at KCHC or effectively to recommend their hiring and firing, is an agent of KCHC under the City law, and aided and abetted in the discriminatory acts of which plaintiff complains. Dr. Hammill is sued individually under the NYHRL and City law, and as an aider and abettor under the NYHRL and the City law.

15. Defendant Neesha Patel, M.D. (“Dr. Patel”) is Director of Breast Imaging at KCHC and Assistant Professor of Radiology at Downstate. Dr. Patel is an agent of KCHC under the City law, and aided and abetted in the discriminatory acts of which plaintiff complains. Dr.

Patel is sued individually as an agent under the City law, and as an aider and abettor under the NYHRL and the City law.

FACTUAL ALLEGATIONS

16. The HHC Board of Directors is the Governing Body of HHC and has ultimate authority and responsibility for establishing policy, managing quality of care and providing organizational management for KCHC, one of the facilities it operates. Pursuant to the New York City Health and Hospital Corporation By-Laws (“HHC By-Laws”), Article 4, §1 the HHC Board of Directors is also the Governing Body of KCHC and, pursuant to Article 9, §1, approves the bylaws of each facility, including KCHC, which provide, *inter alia*, a process for evaluating and reappointing physicians on its medical staff.

17. Defendant Downstate employs radiologists as its faculty members in its Department of Radiology, some of whom, like Dr. Hanley, practice at KCHC and provide clinical services to KCHC patients under an affiliation agreement between Downstate and HHC.

18. Dr. Hanley held or holds clinical appointments and hospital privileges as a member of the Medical Staff of KCHC in the Department of Radiology, and an academic appointment of Assistant Professor as a faculty member of the Downstate Department of Radiology. HHC-KCHC and Downstate are Dr. Hanley’s joint employer because through an Affiliation Agreement described below, and common management, supervision, and ability to terminate services, they jointly control the means and method of her work as a radiologist. Alternatively, HHC-KCHC and Downstate operate KCHC, and staff and supervise physicians there, as a single integrated enterprise.

19. The New York City Health and Hospitals Corporation SUNY Health Science Center at Brooklyn Affiliation Agreement for the provision of services at Kings County Hospital

Center (“Affiliation Agreement”) provides, *inter alia*, that HHC shall provide necessary services, facilities, materials, supplies, and equipment to support the work performed by Downstate faculty physician providers at KCHC; be responsible for ensuring medical services provided by Downstate faculty physician providers comply with applicable law including the NYC Health and Hospitals/Kings County Medical Staff Bylaws, Rules & Regulations (“Bylaws”); consider Downstate recommendations for appointment of physicians and terminations of appointments; be responsible for clinical administrative direction of delivery of medical services at KCHC by Downstate faculty physician providers; and be responsible for oversight of implementation of evaluations of clinical appointments and privileges.

20. Pursuant to the Affiliation Agreement, Downstate through its faculty physician providers provides supervision and performance evaluation of HHC clinical medical services to HHC-KCHC and its patients. HHC-KCHC establishes assignment schedules – including hours, locations, and functions – of the physician providers.

21. The Affiliation Agreement sets and identifies those faculty physician providers, including Dr. Hanley who is listed in the Affiliation Agreement, in each covered KCHC department, their required level of effort at KCHC. The affiliation Agreement provides that “Physician Providers in each Department or Service identified on Attachment A hereto may not be reduced or increased by either party in any Department or Service, except in accordance with the provisions of this Agreement. . . .” Downstate recommends to HHC persons proposed to be hired as physician providers, and HHC approves or rejects such hiring. Under the Affiliation Agreement, HHC is able, upon notice to Downstate, to have Downstate replace a faculty physician provider.

22. Dr. Hanley's medical specialty is breast imaging, including interpreting mammograms and sonograms, and performing related medical procedures like biopsies, in order to detect and treat breast cancer. She has trained, held fellowships, taught medical students, and been employed in this specialty since 2000. She is board certified by the American Board of Radiology, and certified by the American College of Radiology under the Mammography Quality Standards Act to read and interpret mammograms, has been a film reviewer for the American College of Radiology Mammographic Accreditation Program from 2005- 2014, and was Director of Breast Imaging at KCHC during 2004.

23. From 2002, her date of hire, through 2017, Dr. Hanley's On-going Provider Performance Evaluations ("OPPE") at KCHC were always satisfactory, including those performed by the Chief of Service, Dr. Pulitzer in 2015 -2016 and Dr. Hammill, in 2017. Her performance and applicable metrics were always consistent with applicable standards of care and professional guidelines. She was not told of any unsatisfactory performance until April 6, 2018 as described below.

24. In 2017, there were three full-time physicians performing breast imaging services at KCHC, Dr. Hanley (age 70), Riffat Chaudary, M.D. (age approximately 68), and Alicja Goracy, M.D. (age approximately 64). The Director of Radiology at KCHC was Patrick Hammill, M.D., whose specialty was abdominal radiology; and the Chair for Downstate was Professor Deborah Reede, M.D., whose specialty is neuro-head, and neck radiology.

25. In September 2017, Neesha Patel, M.D. (age approximately 40) became Director of Breast Imaging. In addition to supervising Drs. Hanley, Chaudary and Goracy, Dr. Patel performed the same clinical services and procedures as they all did.

26. On April 6, 2018, Dr. Hammill gave Dr. Hanley her OPPE for July – December 2017. He told Dr. Hanley orally that her “callback rate” – the percentage of patients whose screening mammograms she read and recalled for further testing based on potential abnormalities in the images – was too high. Recall rates are of no regulatory significance. He said that although he did not “pretend to know anything about mammography,” Dr. Patel had told him that Dr. Hanley’s recall rate was too high.

27. Dr. Hammill also said there were some discrepancies in Dr. Hanley’s peer reviews, which is the on-going process in which physicians review their colleagues’ interpretations of patient images in order to improve the quality of care. Dr. Patel apparently disagreed with some of her interpretations of mammograms, but Dr. Hammill did not give Dr. Hanley any reasons for the disagreements, nor did he appoint a third or external reviewer to consider these differences as would be appropriate for purposes of peer review.

28. When Dr. Hanley asked Dr. Hammill what she should do, he said she should lower her recall rate by the end of the next quarter (June 30, 2018). Dr. Hammill did not tell her, nor did he write on the OPPE form that she signed then, that her performance was unsatisfactory, or specify any supporting data.

29. Dr. Hammill did not tell Dr. Hanley that he had, without notice to Dr. Hanley or her knowledge, already placed her on a “focused review” beginning in January 2018 through March 31, 2018. A focused review, or Focused Provider Performance Evaluation (“FPPE”), is a more intensive review, requiring explicit notice to the physician, of the physician’s cases and performance for the purpose of correcting deficiencies.

30. As of April 6, 2018, Dr. Hanley understood only that she should lower her recall rate, which she proceeded to do. He did not tell her, and she did not know, that she had already been on – and purportedly failed – a focused review for 2018.

31. After meeting with Dr. Hammill on April 6, 2018, Dr. Hanley lowered her recall rate from 16% for 2017, and from 22% for the first quarter of 2018, to approximately 12% for the remainder of the second quarter of 2018 that she worked, as instructed. Other younger radiologists in the Department have had higher or similar recall rates during Dr. Hanley's employment and were not evaluated as having an unsatisfactory or too-high recall rate.

32. Despite her satisfactory performance before and after April 6, 2018, Dr. Hammill completed a failed FPPE form for her file that he signed on May 24, 2018.

33. Dr. Hammill recorded false findings for the FPPE. The callback rate, increase in callbacks, and peer review discrepancies cited for Dr. Hanley were not accurate. Dr. Hammill also referred to an unspecified complaint regarding a delay in patient care, safety concerns regarding not using sterile technique, and a missed cancer case. These non-specific allegations were not true and are contradicted by the medical records.

34. Defendants violated the applicable HHC-KCHC Bylaws in conducting and using the FPPE form signed by Dr. Hammill on May 24, 2018 for her file, in that they did not satisfy the criteria for initiating the FPPE, did not secure Dr. Hanley's signature on FPPE as required, did not share any concerns to justify an FPPE with Dr. Hanley prior to initiating the FPPE, did not select a peer review panel or request an external peer review, did not provide notice and documentation of the FPPE and findings, and did not monitor performance for a period of no less than 90 days, all in violation of Bylaws Article IV, Section 4.

35. Citing the failed FPPE but without stating its findings, Dr. Hammill suspended Dr. Hanley from clinical practice on May 24, 2018, and placed her on administrative leave pending review by the KCHC Medical Board. The suspension did not provide true and accurate reasons for the decision, in violation of Bylaws Article XI, Section 2.

36. Dr. Hammill stated false reasons as justification for suspension. The callback rates cited for Dr. Hanley and for comparison to the remainder of the department were false. Moreover Dr. Hammill failed to state that her callback rate had decreased as instructed. He referred to several cases he alleged had “comprised [*sic*]” patient safety including a potential delay in diagnosis and missed cancer. At no time did Dr. Hanley compromise patient safety, nor did she delay diagnosis or, to her knowledge, miss cancer.

37. Upon learning she had been placed on and purportedly failed a FPPE, Dr. Hanley repeatedly asked to see her file and documentation about the allegations against her. She requested these from Dr. Hammill several times orally and in writing. Dr. Hammill did not respond other than to say she would “receive relevant documents in due course,” yet never provided these. Dr. Hanley repeatedly asked KCHC Chief Medical Officer Dr. Steven Pulitzer, to provide the documentation, but he failed to provide any documentation. She wrote to Medical Board Chair Dr. Muthukumar Muthusamy, who also did not respond. It was not until August 31, 2018, two months after the KCHC Medical Board decided to terminate her appointment, that Dr. Hanley was given access to her file, including the FPPE, all in violation of the Bylaws, Article XVII, Section II.

38. On August 31, 2018, Dr. Hanley discovered that Dr. Hammill had added to the OPPE in her file for July – December 2017, after she signed it on April 6, 2018, the following:

a rating of unsatisfactory, a recommendation for an FPPE, incorrect data purporting to show an unsatisfactory callback rate, and a negative peer review by Dr. Patel.

39. On June 28, 2018, HHC-KCHC, through its Medical Board, recommended that Dr. Hanley not be reappointed to the Medical Staff and terminated her appointment and privileges on June 30, 2018. The Medical Board stated false reasons as justifications. Dr. Hanley's clinical performance was not poor as alleged but was within applicable standards of care and similar to that of comparable and younger radiologists whose appointments continued. Dr. Hanley did not fail to, but in fact did, follow appropriate clinical guidelines and practices, and therefore would not have failed an FPPE that was fairly and legitimately conducted with notice given to her as required by the KCHC Bylaws and appropriate peer review procedures.

40. HHC-KCHC's termination of Dr. Hanley's appointment to the Medical Staff caused Downstate subsequently to terminate her employment and faculty position as stated more fully below.

41. By letter dated December 17, 2018, Dr. Riley notified Dr. Hanley that her Downstate academic appointment would terminate on December 20, 2019. Radiology Department Chair Dr. Deborah Reede told Dr. Hanley the reason for her recommending termination to Dr. Riley was "departmental operating needs," but did not give Dr. Hanley any more details. In recommending termination, Dr. Reede wrote "It should be noted that this recommendation is in no way related to her [Dr. Hanley's] performance."

42. Dr. Hanley notified Downstate that the KCHC allegations against her were false and did not justify Downstate's non-renewal of her appointment. Dr. Hanley requested that Dr. Riley provide specific reasons for her non-renewal, but he did not respond or review her

termination. Dr. Hanley requested, but did not receive, any specifics about “departmental operating needs” that allegedly justified her termination.

43. Defendants, to date, have not provided Dr. Hanley access to the complete records necessary to respond to the allegations against her. Although Dr. Hanley repeatedly asked for the OPPE and FPPE forms and data, including patient identification and medical records, defendants only permitted her to review some documents informally on August 31, 2018, and did not permit her access to complete records, nor did they permit her to copy anything.

44. Following termination of her appointment by HHC-KCHC, Dr. Hanley requested a hearing as is available under the Bylaws. This hearing, which is required within twenty days or as soon as practicable thereafter, has not yet been noticed or scheduled, a hearing committee of Dr. Hanley’s peers appropriately trained in a similar practice has not been noticed, nor has HHC provided complete and unredacted documents and information to Dr. Hanley relevant to what Dr. Hanley informally understands to be the allegations against her, in violation of Bylaws Article XII, Sections 2-3.

45. Defendants knew or should have known that the alleged reasons for the adverse actions they took against Dr. Hanley were false and did not justify their adverse actions. At the time Dr. Patel joined the Department in September 2017, Dr. Hanley was the oldest radiologist in the Department and had a record of consistently excellent performance without complaints, satisfactory OPPEs, including from Dr. Hammill, and satisfactory peer reviews from her colleagues. Her recall rates were within the applicable standard of care and applicable guidelines, and not significantly different from colleagues who were evaluated as satisfactory. Dr. Patel told Dr. Goracy, shortly after joining the Department in the fall of 2017, that she did

not care about Dr. Hanley's recall rate because she had the best cancer detection rate in the Department.

46. Without notice to Dr. Hanley, Dr. Patel conducted a "peer review" in which she disagreed with Dr. Hanley's findings. Dr. Patel's peer review findings were inconsistent with Dr. Hanley's satisfactory peer reviews of the past sixteen years. At all times it was Department policy and practice and standard medical practice to have a third qualified mammographer review the cases when peer review findings indicated disagreement. In flagrant disregard of policy and practice, Dr. Patel's peer review findings differing with those of Dr. Hanley were not reviewed by another qualified mammographer.

47. After Dr. Hanley was suspended, Dr. Patel completed her one-year provisional appointment in early September 2018 and became the third of three non-provisional mammographers at KCHC. Dr. Patel, who is 30 years younger and is less qualified than Dr. Hanley, took over Dr. Hanley's duties and effectively replaced her.

48. Dr. Hammill, at the time he was given Dr. Chaudary's reappointment credentialing packet to sign for approval, stated: "Shouldn't she be retiring by now?"

49. Defendants' suspension and termination of Dr. Hanley has damaged her otherwise excellent reputation with colleagues. Dr. Hanley cannot successfully seek other employment while she is still appointed at Downstate and with her suspension, termination, and false allegations against her on her record, which information Downstate and KCHC will report, and which Dr. Hanley is required to disclose to prospective employers.

CLAIMS FOR RELIEF

FIRST CLAIM FOR RELIEF

(ADEA – Age Discrimination against HHC and KCHC, and Riley, Reede, Hammill and Patel in their official capacities as officers of SUNY Downstate for Equitable Relief)

50. Plaintiff repeats and realleges ¶¶1-49 as if such paragraphs were fully set forth herein.

51. By their acts and practices described above, defendants intentionally discriminated against Dr. Hanley because of her age, in violation of the ADEA, 29 U.S.C. §623(a).

52. Defendants acted willfully and knew, and/or showed reckless disregard for whether, their conduct was prohibited by the ADEA.

53. Plaintiff has suffered, is now suffering, and will continue to suffer irreparable injury, monetary damages, emotional distress, and other compensable damages as a result of defendants' discriminatory actions.

54. For the above violations of the ADEA, plaintiff is entitled to injunctive relief, including reinstatement, and to attorneys' fees and costs against Drs. Riley, Reede, Hammill and Patel in their official capacities as officers of SUNY Downstate, pursuant to 29 U.S.C. §§626(b), (c), and 216(b); and to declaratory and injunctive relief, including reinstatement, and to recover liquidated damages, interest, and attorneys' fees and costs against the other defendants, pursuant to 29 U.S.C. §§626(b), (c), and 216(b).

SECOND CLAIM FOR RELIEF

(§1983 – Denial of Due Process against HHC and KCHC and Riley, Reede, Hammill and Patel in their personal capacities under color of state law)

55. Plaintiff repeats and realleges ¶¶1-54 as if such paragraphs were fully set forth herein.

56. By their acts and practices described above, defendants failed to provide Dr. Hanley adequate notice, meaningful opportunity to be heard in response to the allegations and adverse action they took against her, and the protections required by HHC-KCHC Bylaws, in violation of her right to due process under the Fourteenth Amendment to the United States Constitution and 42 U.S.C. §1983.

57. Defendants created and implemented a policy to replace plaintiff with other employees who were younger and acted under color of state law with malice and/or reckless indifference to the federally protected rights of plaintiff. All individual defendants directly participated in violating plaintiff's federally protected rights and willfully and knowingly failed to remedy the violation.

58. Plaintiff has suffered, is now suffering, and will continue to suffer irreparable injury, monetary damages, emotional distress, and other compensable damages as a result of defendants' actions.

59. For defendants' violations of due process, plaintiff is entitled to declaratory and injunctive relief, and to recover compensatory and punitive damages against the individual defendants, Drs. Riley, Reede, Hammill and Patel in their personal capacities under color of state law, interest, attorneys' fees and costs under 42 U.S.C. §1983.

THIRD CLAIM FOR RELIEF

(NYHRL –Age Discrimination against HHC and KCHC, and Riley, Reede, Hammill and Patel, in their personal capacities as aiders and abettors)

60. Plaintiff repeats and realleges ¶¶ 1 - 59 as if such paragraphs were fully set forth herein.

61. By their acts and practices described above, defendants intentionally and willfully discriminated against Dr. Hanley because of her age, in violation of the NYHRL, N.Y. Exec. Law §296(7).

62. Dr. Riley, Dr. Reede, Dr. Hammill, and Dr. Patel aided and abetted in the discriminatory acts against Dr. Hanley.

63. Defendants acted with malice and/or reckless indifference to Dr. Hanley's protected rights under the NYHRL.

64. Plaintiff has suffered, is now suffering, and will continue to suffer irreparable injury, monetary damages, and other compensable damages as a result of defendants' discriminatory actions.

65. For defendants' intentional violations of the NYHRL, plaintiff is entitled to declaratory and injunctive relief, and to recover compensatory damages, interest, and attorneys' fees and costs pursuant to N.Y. Exec. Law §297(9).

FOURTH CLAIM FOR RELIEF

(NYCHRL – Age Discrimination against HHC and KCHC, and Riley, Reede, Hammill and Patel, in their personal capacities as aiders and abettors)

66. Plaintiff repeats and realleges ¶¶ 1 - 65 as if such paragraphs were fully set forth herein.

67. By their acts and practices described above, defendants intentionally discriminated against Dr. Hanley because of her age, in violation of the NYCHRL §8-107(1)(a).

68. Dr. Riley, Dr. Reede, Dr. Hammill, and Dr. Patel aided and abetted in the discriminatory acts against Dr. Hanley.

69. Defendants acted with malice and/or reckless indifference to Dr. Hanley's protected rights under the NYCHRL.

70. Plaintiff has suffered, is now suffering, and will continue to suffer irreparable injury, monetary damages, emotional distress, and other compensable damages as a result of defendants' discriminatory actions.

71. For defendants' violations of the NYCHRL, plaintiff is entitled to declaratory and injunctive relief, and to recover compensatory and punitive damages, interest, costs and attorneys' fees pursuant to NYCHRL §§8-502(a), (g).

RELIEF SOUGHT

WHEREFORE, plaintiff requests that this Court exercise jurisdiction and award her:

- (a) appropriate declaratory and injunctive relief, including but not limited to reinstatement, and restraining defendants from engaging in further adverse or retaliatory conduct;
- (b) backpay and other employment benefits;
- (c) liquidated, compensatory, and punitive damages;
- (d) pre-judgment and post-judgment interest;
- (e) reasonable attorneys' fees and costs incurred in the prosecution of this action; and
- (f) such other legal and equitable relief as this Court deems appropriate and just.

