Sou	JTHER	RN DISTRICT OF NEW YORK	
			_
(In th	e space	above enter the full name(s) of the plaintiff(s).)	_
			COMPLAINT
		-against-	under the Civil Rights Act, 42 U.S.C. § 1983 (Prisoner Complaint)
			Jury Trial: □ Yes □ No (check one)
			- - -
			_ _
canno pleas	ot fit the e write	above enter the full name(s) of the defendant(s). If you names of all of the defendants in the space provided, "see attached" in the space above and attach an eet of paper with the full list of names. The names	_
		above caption must be identical to those contained in esses should not be included here.)	
I.	Part	ties in this complaint:	
A.	conf	your name, identification number, and the nam inement. Do the same for any additional plaintiffs eccessary.	
Plain	tiff	Name	
		ID #	
		Current Institution	
		Address	
В.	List	all defendants' names, positions, places of employm	ent, and the address where each defendant

may be served. Make sure that the defendant(s) listed below are identical to those contained in the

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above caption. Attach additional sheets of paper as necessary.

UNITED STATES DISTRICT COURT

Defendant No. 1	Name	Shield #		
	Where Currently Employed			
	Address			
Defendant No. 2	Name			
	Where Currently Employed			
	Address			
Defendant No. 3	Name			
	Where Currently Employed			
	Address			
Defendant No. 4	Name			
	Where Currently Employed			
	Address			
Defendant No. 5	Name			
	Where Currently Employed			
	Address			
II. Statement	of Claim:			
caption of this comp You may wish to in rise to your claims.	possible the <u>facts</u> of your case. Describe how each plaint is involved in this action, along with the dates are clude further details such as the names of other pers. Do not cite any cases or statutes. If you intend to a h each claim in a separate paragraph. Attach addition	nd locations of all relevant events. ons involved in the events giving llege a number of related claims,		
A. In what inst	itution did the events giving rise to your claim(s) occ	eur?		
	Where in the institution did the events giving rise to your claim(s) occur?			
	and approximate time did the events giving rise to yo			

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	D. Facts:
What happened to you?	
to you.	
Who did what?	
W as anyone	
else involved?	
1	
Who else saw what happened?	
	III. Injuries:
	If you sustained injuries related to the events alleged above, describe them and state what medica treatment, if any, you required and received.
	IV. Exhaustion of Administrative Remedies:
	The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.
	A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes No

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		the jail, prison, or other correctional facility where you were confined at the time of the ise to your claim(s).				
В.	Does the procedu	he jail, prison or other correctional facility where your claim(s) arose have a grievance ure?				
	•	No Do Not Know				
C.		ne grievance procedure at the jail, prison or other correctional facility where your claim(s) over some or all of your claim(s)?				
	Yes	No Do Not Know				
	If YES	, which claim(s)?				
D.	Did you	u file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?				
	Yes	No				
		did you file a grievance about the events described in this complaint at any other jail, or other correctional facility?				
	Yes	No				
E.		If you did file a grievance, about the events described in this complaint, where did you file the grievance?				
	1.	Which claim(s) in this complaint did you grieve?				
	2.	What was the result, if any?				
	3. the high	What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to nest level of the grievance process.				
F.	If you	If you did not file a grievance:				
	1.	If there are any reasons why you did not file a grievance, state them here:				

If you did not file a grievance but informed any officials of your claim, state who you

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2.

	informed, when and how, and their response, if any:
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative
	remedies.
Nicker	
Note:	You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.
V.	Relief:
	what you want the Court to do for you (including the amount of monetary compensation, if any, that the seeking and the basis for such amount).

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VI. Previous lawsuits:

On
these
claims

On other claims

A.		Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?				
	Yes	No				
B.	there	ur answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (It is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using ame format.)				
	1.	Parties to the previous lawsuit:				
	Plair	Plaintiff				
		endants				
	2.	Court (if federal court, name the district; if state court, name the county)				
	3.	Docket or Index number				
	4.	Name of Judge assigned to your case				
	5.	Approximate date of filing lawsuit				
	6.	Is the case still pending? Yes No				
		If NO, give the approximate date of disposition				
	7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)				
C.		e you filed other lawsuits in state or federal court otherwise relating to your imprisonment? No				
D.	there	ur answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (It is more than one lawsuit, describe the additional lawsuits on another piece of paper, using ame format.)				
	1.	Parties to the previous lawsuit:				
	Plaintiff					
	Defe	Defendants				
	2.	Court (if federal court, name the district; if state court, name the county)				
	3.	Docket or Index number				
	4.	Name of Judge assigned to your case				
	5.	Approximate date of filing lawsuit				
	6.	Is the case still pending? Yes No				
		If NO, give the approximate date of disposition				

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7.	judgment in	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)				
I declare und	ler penalty of	f perjury that the foregoing	g is true and	correct.		
Signed this _	day of					
		Signature of Plaintiff				
		Inmate Number				
		Institution Address				
		d in the caption of the complers and addresses.	laint must da	te and sign t	he complaint	and provide
I declare unde	er penalty of p	perjury that on this da	ay of		, 20, I an	n delivering
this complain	t to prison autl	norities to be mailed to the P	<i>ro Se</i> Office	of the United	d States Distri	ct Court for
the Southern	District of Ne	w York.				
		Signature of Plaintiff:				

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