

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Mr. Allen Shaw

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Jarrett Atkins

Michael Cassidy

Andy Cruz

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

APR -3 2014

PRO SE OFFICE

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

Mr. Allen Shaw

1411712131

OBCC

1600 Hazen St
Eastchester, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Where Currently Employed

Address

Jarrett Atkins

Reccinct 088

Shield # 19703

Defendant No. 2

Name

Michael Cassidy

Shield #

2550

Where Currently Employed

Precinct 088

Address

Defendant No. 3

Name

Andy Cruz

Shield #

28171

Where Currently Employed

Precinct 088

Address

Defendant No. 4

Name

Shield #

Where Currently Employed

Address

Defendant No. 5

Name

Shield #

Where Currently Employed

Address

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

82 Saint Edwards Street

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

February 6, 2013, 8:10

What happened to you?

Facts: The Police officer hit me in my face with the metal cub they have, while other police officers punch and kick me.

Who did what?

Police officer Jarrett Arling hit me with the metal cub. Police officer Michael Cassidy punch and kick me as well as police officer Andy Cruz.

Was anyone else involved?

Not that I recall

Who else saw what happened?

Many people were looking out of these windows.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I had to get stitches in my face, from getting hit in my face.

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 ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, 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. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

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

when and how, and their response, if any:

I believe it was
the racket's division, when I was in
the hospital and the same day of the
events.

G.

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

that I am giving 50
thousand dollars for all the pain I had to go
through, having a prostate that I have.

VI. **Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

On these claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Mr. Allen Shaw

Defendants

Voice Officers

2. Court (if federal court, name the district; if state court, name the county)

Southern

3. Docket or Index number

Don't recall

4. Name of Judge assigned to your case

Don't recall

5. Approximate date of filing lawsuit

Maybe 2004 or 2005

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition

2005

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

Judgment in my favor.

On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment? Yes ☒ No ☐

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Mr. Allen Shaw

Defendants

Corr officer Shelby

2. Court (if federal court, name the district; if state court, name the county)

N.Y.

3. Docket or Index number

Don't have one yet

4. Name of Judge assigned to your case

Don't have one yet

5. Approximate date of filing lawsuit

March 19, 2014

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?)

hasn't been held yet.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 15 day of March, 2014

Signature of Plaintiff

Mr. Allen Shaw

Inmate Number

1411312151

Institution Address

O2 CG
1600 Haxed St
East Elmhurst, N.Y.
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 15 day of March, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Mr. Allen Shaw