(In the space above enter the full name(s) of the planning (s).) **Regions:* **COMPLAINT under the Civil Rights Act, 42 U.S.C. 43 (Prisoner Complaint) **PHALLER TOHLISCH (FDECE OFFICE) **In the space above enter the full name(s) of the defendant (s). Byou cannot fit the names of all of the defendants in the space provided, please write "see anached" in the space above and extach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those so restained in Fart I. Addresses should not be included here.) 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 addition all plaintiffs named. Attach additional sheets of paper as necessary. Plaintiff Name ROBERT MILTON ID # UMI-12-09431 Current Institution G.R.N.C. Address 09-09 HAZEL STREET EDEC ELONGUEST, VENUORK 1370 B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant v(s) issed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary. Defendant No. 1 Name NEW YORK CITH POLICE Shield # Where Currently Employed Address	SOUTHERN DIS	S DISTRICT COURT TRICT OF NEW YOR	к 13	CV	804	6
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Under the Civil Rights Act, 42 U.S.C. § 18 NEW JORK CITY NEW JORK CITY PATTLE TOHNSON (ROLCE OFFICE) (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 artach an additional sheet of paper with the full list of names. It is names listed in the above caption must be identical to those correctained in fart 1. Addresses should not be included here.) 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 addition and plaintiffs named. Attach additional sheets of paper as necessary. Plaintiff Name ROBERT MILTON ID# LILL OQUE! Current Institution GRENC. Address OQ-OQ HAZEN STREET CHEST EINHARST, JEWYORK USTO B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant t(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary. Defendant No. 1 Name New York CITY POLICE Shield # Where Currently Employed	(In the space above ent	er the full name(s) of the plo	intiff (s).)			
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above caption. Attach additional sheets of paper as necessary. Defendant No. 1 Name NEW YORK CATH POLICE Shield # Where Currently Employed	l. List all defends	INIS' names positions of		(
Where Currently Employed Name NEW YORK CATTY POLICE Shield #	may be served. above caption.	Make sure that the defer Attach additional sheets	idan t(s) listed below of Paper as neces	nt, and the addres ow are identical to ssarv	s where each defe those contained	ndant in the
					_ Shield #	
			yed	<u></u>		

Defendant No. 2	Name NEWYORK CTTY Shield # Shield # Shield # Address Shield # Shield
Defendant No. 3	Name PHTLLTP JOHNSON Shield # Shield # Shield # Address
Defendant No. 4	FAR ROCKAWASY, NEWYORK 11691
	Where Currently Employed Address
Defendant No. 5	Name Shield # Shield #
•	A ddress
You may wish to inc	possible the facts of your case. Describe how each of the defendants named in the aint is involved in this action, along with the dates and locations of all relevant events. Indee further details such as the ranges of other persons involved in the events giving Do not cite any cases or statutes. If you intend to allege a number of related claims, each claim in a separate paragr ph. Attach additional sheets of paper as necessary.
A. In what The tool	institution did the events giving rise to your claim(s) occur? 4 place ou 324 street tookoway freeway
B. Where in	the institution did the events giving rise to your claim(s) occur?
C. What date Septe	and approximate time did the events giving rise to your claim(s) occur? mber-22, 2012 [:30 A.M.

What happened to you?	Areen T Complied I was rashed and physically accounted in and physically
Who did what?	and get me from the precienct. OFF: CER PHILLIP JOHNSON and several other officers.
Was anyone cire involved?	
Who ciet and wist happened?	my gulfriend DELJA DE BURKS
III. If you any, y Clook EYC NOA	Injuries: sustained injuries related to the events alleged above, describe them and state what medical treatment, if our required and received. I recicle a concussion, only are supplied. See the other almost closes, cuts on with with strong the service and please almose it with the specialist and energe it out the specialist and energe it of hospital.
IV. The Privith reconfine exhaust	Exhaustion of Administrative Remedies: ison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought spect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner d in any jail, prison, or other correctional facility up til such administrative remedies as are available are ed." Administrative remedies are also known as Tievance procedures.
Α.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility? Yes No

	the time of the ev
B.	Does the jail, prison or other correctional facility here your claim(s) arose have a grievance procedu
	Yes No Do Not Know
C.	Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) are
	Yes No Do Not Know
**	If YES, which claim(s)?
),	Did you file a grievance in the jail, prison, or oth er 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
•	If you did file a grievance, about the events described in this complaint, where did you file the
	1. Which claim(s) in this complaint did you grieve?
	grieve
•	
•	
•	2. What was the result, if any?
	2. What was the result, if any?
•	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.
	2. What was the result, if any? 3. What steps, if any, did you take to appe all that decision? Describe all efforts to appeal to the highest level of the grievance process. If you did not file a grievance: 1. If there are any reasons why you did not file a grievance.

,	when and how, and their response, if any	• • • • • • • • • • • • • • • • • • •
·		
¢		
-		
G.	Please set forth any additional information that remedies.	s relevant to the exhaustion of your administrative
Note:	You may attack as subtitute of the	any documents related to the exhaustion of your
ν.	Relief:	
C	hat you want the Court to do for you (including the king and the basis for such amount).	
THE	etable damage award for excessive a force and poly seek two million down	to an all the
		39030
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·	·	
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<u>,,, , , , , , , , , , , , , , , , , , </u>		
νī.	Previous lawsuits:	
A.	Have you filed other law suits in state or federal action?	court dealing with the same facts involved in
	Yes No	- Acts involved in this
	· ·	

On these claims

В.		*		
	If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If the format.)			
	1.	Parties to the previous lawsuit:		
	Plair	nff		
	Defe	ndants		
	2.	Court (if federal court, name the district; i I state court, name the county)		
	3.	Docket or Index number		
	4.	Name of Judge assigned to your case		
	Ş .	Name of Judge assigned to your case Approximate date of filing lawsuit Is the case still pending? YesNo		
•	6.	Is the case still pending? Yes No		
		If NO, give the approximate date of dispo sition What was the result of the case? (For example, and the case)		
	7.	What was the result of the case? (For example)		
		in your favor? Was the case a pealed?)		
c.	Ha Ye	ve you filed other lawsuits in state or federa I court otherwise relating to your imprisonment?		
er	ī f	MONE appropriate C in NETC 1		
er ms	ī f	your answer to C is YES, describe each law suit by answering questions I through 7 below. (If ne is more than one lawsuit, describe the add itional lawsuits on another piece of paper, using the		
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er ms	If the san 1. Plaint Defer	your answer to C is YES, describe each law Suit by answering questions I through 7 below. (If ne format.) Parties to the previous lawsuit: iff Court (if federal court, name the district; if state court, name the county)		
er ms	If the san 1. Plaint Defer 2.	your answer to C is YES, describe each law suit by answering questions I through 7 below. (In re is more than one lawsuit, describe the add itional lawsuits on another piece of paper, using the Parties to the previous lawsuit: iff dants Court (if federal court, name the district; if state court, name the county) Docket or Index number		
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er ms	If the san 1. Plaint Defer 2. 3. 4.	your answer to C is YES, describe each law suit by answering questions I through 7 below. (If ne format.) Parties to the previous lawsuit: iff dants Court (if federal court, name the district; if state court, name the county) Docket or Index number Name of Judge assigned to your case Approximate date of filing lawsuit		
er ms	If the san 1. Plaint Defer 2. 3. 4. 5.	your answer to C is YES, describe each law suit by answering questions I through 7 below. (If me format.) Parties to the previous lawsuit: iff Court (if federal court, name the district; if state court, name the county) Docket or Index number Name of Judge assigned to your case Approximate date of filing lawsuit Is the case still pending? Yes No		
er ms	If the san 1. Plaint Defer 2. 3. 4. 5.	your answer to C is YES, describe each law suit by answering questions I through 7 below. (If the important of the important of the previous lawsuit: Parties to the previous lawsuit:		
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I declare under penalty Signed this 5 day of b	of perjury that the foregoing	g is true and correct.	* · *
•	Signature of Plaintiff	Robert Miller	
	Inmate Number	441-12-19431	
	Institution Address	G.R.V.C	**************************************
•••	·	09-09 HAZEN ST	
		EAST DIME DOT	KEEL
		NEWZORK 11370)

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

I declare under penalty of perjury that on this 5th day of under Declare 20 51 am delivering this complaint to prison authorities to be mailed to the Pro S Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: