	United States District Court Southern District of New York  15CV 0719
	Dixon Arzu
	(In the space above enter the full name(s) of the plaintiff(s).)  COMPLAINT
	-against-  City Of Mew OV Control (Prisoner Complaint)  Department Services Apploant (Prisoner Complaint)  Jury Trial: Ves I No (check one)
	(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.)  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 Dixon AYZU  ID# 00090800 H  Current Institution EMFC  Address 10-10 HAZEL ST ELMMURST  WWW. ST END
]	B. List all defendants' names, positions, places of employment, and the address where each defendant

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above caption. Attach additional sheets of paper as necessary.

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

## Case 1:15-cv-00719-ER Document 2 Filed 01/29/15 Page 2 of 8 Defendant No. 1 Name (-Shield # () Where Currently Employed Defendant No. 2 Name Shield # Where Currently Employed Address Defendant No. 3 Name Shield # Where Currently Employed Defendant No. 4 Name . Where Currently Employed Address Defendant No. 5 Name Shield # Where Currently Employed Address Π. 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 Do not cite any cases or statutes.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? B. Where in the institution did the events giving rise to your claim(s) occur? What date and approximate time did the events giving rise to your claim(s) occur?

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What happened to you?	D. Facts: On April, 27, 2013 I was arristed and Hold against my will and scall for my life when Police officers came in my friends apartment at 3146 Kingsland aveit he police came in a
Who did	At first I thought I was getting robby or Killed with all the guns in my face we wo
what?	a misunderstanding cause my friend Tyrell Nelson Show them his ress and lease the police aint Care that Still took us all five in charles
Was anyone else involved?	to sail to the Precent they treated us like think as and it was a civil matter we went to the boards for the right. In the morning
emicros	and she was confused why was we looked up
Who else saw what happened?	to the first place, finally MAX 5,2014 Cag dismissed to show we was arrested and went thrue the system and horrossment for No trason!
	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.
	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?

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event	SS, name the jail, prison, or other correctional facility where you were confined at the time of the s giving rise to your claim(s).						
В.	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?						
	YesNo						
	If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?						
	YesNo						
Ţ.,	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.						
7.	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.

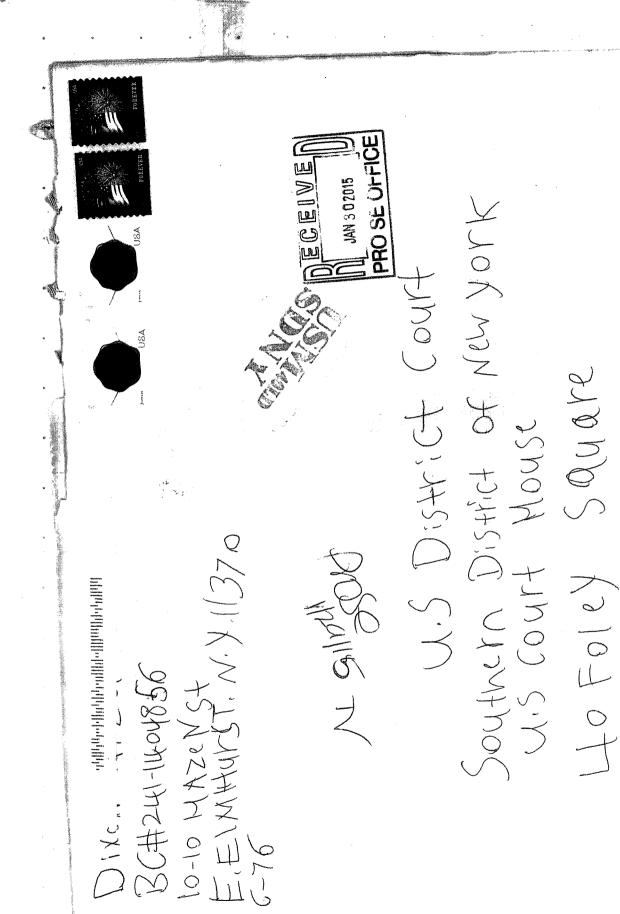
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		informed, w	hen and how,	and their re	sponse, if a	ıy:		
G.	Please se remedie	et forth any a	additional info		is relevant		istion of you	ur administrativ
Note:	You may administr	attach as e	xhibits to this	s complaint	any docum	ents related	to the exh	austion of your
v.	Relief:					.82		
State who when the control of the co	seeking a	ant the Court  nd the basis  A TO  O TO	for such amo	(including unt).	the amount	20, f	compensation of the compen	tion, if any, that  MC  CO  CO  CO  CO  CO  CO  CO  CO  CO
-								
					****			
		***************************************	-					

VI.	Previous lawsuits:					
A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in thi action?					
	Yes / No					
B.	If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (I 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 Dixon Arzy					
	Defendants City of My Police Department					
	2. Court (if federal court, name the district; if state court, name the county)					
*	3. Docket or Index number 701133X024730					
	4. Name of Judge assigned to your case 5, Michell 5					
	5. Approximate date of filing lawsuit MAXICOLOGIA					
	6. Is the case still pending? Yes No V					
	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.	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 belothere is more than one lawsuit, describe the additional lawsuits on another piece of paper, the same format.)					
	1. Parties to the previous lawsuit:					
	Plaintiff					
	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					
	В.					

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7.	What was the result of the case? (Fo judgment in your favor? Was the case	er example: Was the case dismissed? Was there appealed?)
	er penalty of perjury that the foregoin day of, 20	g is true and correct.
	Signature of Plaintiff	Dison on 1
	Inmate Number	241-14-04856
	Institution Address	EMTC 10-10 MATZEL St E ELM HURST
		NX, 11370
		9
Note: All plat their in	intiffs named in the caption of the complemate numbers and addresses.	aint must date and sign the complaint and provide
this complaint to	penalty of perjury that on this da o prison authorities to be mailed to the Pristrict of New York.	ry of, 20 \( \) I am delivering ro Se Office of the United States District Court for
	Signature of Plaintiff:	Dian and



NEW YORK, NEW YORK 10007