

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Glenn Johnson

Write the full name of each plaintiff.

-against-

CITY OF NEW YORK, NEW YORK CITY POLICE

DEPARTMENT, DET. JALIN BUILDING #975,

DETECTIVE. ROBERT BENTAS, DETECTIVE. BRYAN

LEOTE

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

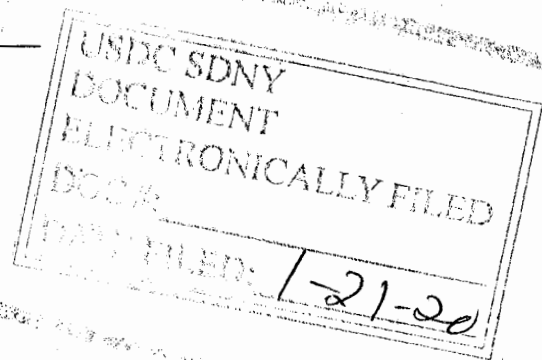
18 CV 5623 (ALC)

(Include case number if one has been assigned)

**Amended
COMPLAINT**

Do you want a jury trial?

☒ Yes ☐ No



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

EIGHTH AND FOURTEETH AMENDMENT

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, GLENN JOHNSON (PRO-se), is a citizen of the State of
(Plaintiff's name)

NEW YORK CITY

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, DET. JALIN BUILDING#975, is a citizen of the State of
(Defendant's name)

NEW YORK

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of
the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

GLENN

First Name

Middle Initial

JOHNSON (PRO-SE)

Last Name

880 BOYNTON AVE APT#19G

Street Address

BRONX

County, City

NEW YORK

State

10473

Zip Code

Telephone Number

(347) 485-9068 (cell)

Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: JALIN BUILDING # 975
 First Name Last Name
DETECTIVE 43RD PRECINCT
 Current Job Title (or other identifying information)
900 FTeley Ave
 Current Work Address (or other address where defendant may be served)
BRONX NEW YORK 10473
 County, City State Zip Code

Defendant 2: ROBERT RENTAS
 First Name Last Name
DETECTIVE 43RD PRECINCT
 Current Job Title (or other identifying information)
900 FTeley Ave
 Current Work Address (or other address where defendant may be served)
BRONX NEW YORK 10473
 County, City State Zip Code

Defendant 3: BRYAN LEOTE
 First Name Last Name
DETECTIVE 43RD PRECINCT
 Current Job Title (or other identifying information)
900 FTeley Ave
 Current Work Address (or other address where defendant may be served)
BRONX NEW YORK 10473
 County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIMPlace(s) of occurrence: 900 FTeley Ave 43RD PRECINCT BRONX, NEWYORK 10473Date(s) of occurrence: SEPTEMBER 7TH, 2016**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

ON SEPTEMBER 7TH, 2016 AT 900 FTeley Ave 43RD PRECINCT I HAD A
ARGUMENT WITH DETECTIVE TALIN BUILDING#975 INSIDE THE HOLDEN
PEN WHERE I WAS BEING HELD DETECTIVE TALIN BUILDING#975 OPEN THE
CELL DOOR AND PULLED ME OUT CURSING MY HEAD AND BODY TO HIT THE WALL
DETECTIVE TALIN BUILDING#975 AND TWO(2) JOHN DOE'S THEN GRAB ME
BY MY ARMS AND BODY AND SHOVED ME AGAINST THE WALL AND PLACED ME
IN TIGHT HAND CUFFS AND PUSH ME INSIDE THE HOLDEN PEN WITH TIGHT
HAND CUFF ON I WAS SCREAMING THAT I WANTED TO GO TO THE HOSPITAL
WERE THE OFFICERS REFUSED MY MEDICAL TREATMENT.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

HEAD INJURIES, BUMP ON FOREHEAD (BRUISES) HEAD PAIN
TIGHTED HANDCUFFS BRUISES ON LEFT AND RIGHT WRISTS
NUMB WRISTS, REFUSED MEDICAL TREATMENT

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

WHEREFORE GLENN JOHNSON PRAYS FOR JUDGEMENT IN HIS FAVOR AND DAMAGES IN HIS FAVOR AGAINST ALL DEFENDENTS IN AN AMOUNT SUFFICIENT TO COMPENSATE HIM FOR PAIN AND SUFFERING BY HIM DUE TO THE EXCESSIVE FORCE AND INTENTIONAL MISCONDUCT OF DEFENDANTS BUT IN NO EVENT LESS THAN \$2,000,000 TOGETHER WITH COURT FEES AND COST AND SUCH ADDITIONAL RELIEF AS THE COURT MAY DEEM JUST AND PROPER.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1/21/20
 Dated

Glenn Johnson
 Plaintiff's Signature

GLENN JOHNSON (PRO-se)
 First Name Middle Initial Last Name

880 BOYNTON AVE APT #19G
 Street Address

BRONX NEW YORK 10473
 County, City State Zip Code

(347) 485-9068
 Telephone Number

Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.