
Name and Prisoner/Booking Number

Place of Confinement

Mailing Address

City, State, Zip Code

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

_____,)
(Full Name of Plaintiff) Plaintiff,)

vs.

CASE NO. _____
(To be supplied by the Clerk)

_____,)
_____,)
_____,)
_____,)
_____,)
(Full Name of Each Defendant) Defendant(s).)

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

☐ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

a. ☐ 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983

b. ☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

c. ☐ Other: (Please specify.) _____.

2. Name of Plaintiff: _____.

Present mailing address: _____.

(Failure to notify the Court of your change of address may result in dismissal of this action.)

Institution/city where violation occurred: _____.

3. Name of first Defendant: _____. The first Defendant is employed as:

(Position and Title) at _____
(Institution)

The first Defendant is sued in his/her: ☐ individual capacity ☐ official capacity (check one or both).
Explain how the first Defendant was acting under color of law: _____

4. Name of second Defendant: _____. The second Defendant is employed as:

(Position and Title) at _____
(Institution)

The second Defendant is sued in his/her: ☐ individual capacity ☐ official capacity (check one or both).
Explain how the second Defendant was acting under color of law: _____

5. Name of third Defendant: _____. The third Defendant is employed as:

(Position and Title) at _____
(Institution)

The third Defendant is sued in his/her: ☐ individual capacity ☐ official capacity (check one or both).
Explain how the third Defendant was acting under color of law: _____

6. Name of fourth Defendant: _____. The fourth Defendant is employed as:

(Position and Title) at _____
(Institution)

The fourth Defendant is sued in his/her: ☐ individual capacity ☐ official capacity (check one or both).
Explain how the fourth Defendant was acting under color of law: _____

(If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.)

B. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☐ No

2. If your answer is "yes," how many lawsuits have you filed? _____. Describe the previous lawsuits in the spaces provided below.

3. First prior lawsuit:

a. Parties to previous lawsuit:

Plaintiff: _____

Defendants: _____

- b. Court: (If federal court, identify the district; if state court, identify the county.) _____
_____.
- c. Case or docket number: _____.
- d. Claims raised: _____

_____.
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____
_____.
- f. Approximate date lawsuit was filed: _____.
- g. Approximate date of disposition: _____.
4. Second prior lawsuit:
- a. Parties to previous lawsuit:
Plaintiff: _____.
Defendants: _____
_____.
- b. Court: (If federal court, identify the district; if state court, identify the county.) _____
_____.
- c. Case or docket number: _____.
- d. Claims raised: _____

_____.
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____
_____.
- f. Approximate date lawsuit was filed: _____.
- g. Approximate date of disposition: _____.
5. Third prior lawsuit:
- a. Parties to previous lawsuit:
Plaintiff: _____.
Defendants: _____
_____.
- b. Court: (If federal court, identify the district; if state court, identify the county.) _____
_____.
- c. Case or docket number: _____.
- d. Claims raised: _____

_____.
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____
_____.
- f. Approximate date lawsuit was filed: _____.
- g. Approximate date of disposition: _____.

(If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.)

C. CAUSE OF ACTION

COUNT I

1. The following constitutional or other federal civil right has been violated by the Defendant(s): _____

 _____.

2. Count I involves: (Check **only one**; if your claim involves more than one issue, each issue should be stated in a different count)
- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____. | | |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

- ## 5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- b. Did you submit a request for administrative relief on Count I? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. _____

COUNT II

1. The following constitutional or other federal civil right has been violated by the Defendant(s): _____

 _____.

2. Count II involves: (Check **only one**; if your claim involves more than one issue, each issue should be stated in a different count)

<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____		

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

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4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- b. Did you submit a request for administrative relief on Count II? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. _____

COUNT III

1. The following constitutional or other federal civil right has been violated by the Defendant(s): _____

 _____.

2. Count III involves: (Check **only one**; if your claim involves more than one issue, each issue should be stated in a different count)

<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____		

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

[illegible]

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- b. Did you submit a request for administrative relief on Count III? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Count III to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. _____

(If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.)

D. REQUEST FOR RELIEF

State briefly exactly what you want the Court to do for you.

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

Executed on _____
DATE

SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If needed, you may attach no more than fifteen additional pages. The form, however, must be completely filled in to the extent applicable.