UNITED STATES DISTRICT COURT

for the

Southern District of Indiana

) Case No.
) (to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))) Jury Trial: (check one) Yes No)
-v-)
Defendant(s))
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)))

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *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.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

E-Mail Address (if known)

A.

В.

Provide the information below for needed.	each plaintiff named in the co	mplaint. Attach a	dditional pages if
Name			
Address			
	City	State	Zip Code
County			
Telephone Number			
E-Mail Address			
The Defendant(s)			
include the person's job or title (if	rknown) and check whether vo	ou are bringing this	s complaint against
• •			
them in their individual capacity of the second sec			
Defendant No. 1 Name Job or Title (if known)			
Defendant No. 1 Name			
Defendant No. 1 Name Job or Title (if known)			
Defendant No. 1 Name Job or Title (if known)	or official capacity, or both. At	tach additional pa	ges if needed.
Defendant No. 1 Name Job or Title (if known) Address	or official capacity, or both. At	tach additional pa	ges if needed.
Defendant No. 1 Name Job or Title (if known) Address County	or official capacity, or both. At	tach additional pa	ges if needed.
Defendant No. 1 Name Job or Title (if known) Address County Telephone Number	or official capacity, or both. At	tach additional pa	ges if needed. Zip Code
Defendant No. 1 Name Job or Title (if known) Address County Telephone Number E-Mail Address (if known)	City	stach additional pa	ges if needed. Zip Code
Defendant No. 1 Name Job or Title (if known) Address County Telephone Number E-Mail Address (if known)	City	stach additional pa	ges if needed. Zip Code
Defendant No. 1 Name Job or Title (if known) Address County Telephone Number E-Mail Address (if known) Defendant No. 2 Name	City	stach additional pa	ges if needed. Zip Code
Defendant No. 1 Name Job or Title (if known) Address County Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known)	City	stach additional pa	ges if needed. Zip Code
Defendant No. 1 Name Job or Title (if known) Address County Telephone Number E-Mail Address (if known) Defendant No. 2 Name	City	stach additional pa	zip Code

Individual capacity

Official capacity

INSD Pro Se Civil Rights Complaint (unrelated to imprisonment) (adapted from AO Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non–Prisoner)

Unde	Name Job or Title (if known) Address County Telephone Number E-Mail Address (if known) s for Jurisdiction er 42 U.S.C. § 1983, you may sue state unities secured by the Constitution and			
Unde	Address County Telephone Number E-Mail Address (if known) s for Jurisdiction er 42 U.S.C. § 1983, you may sue state	Individual capacity e or local officials for the "de	Official capacit	ty
Unde	County Telephone Number E-Mail Address (if known) s for Jurisdiction er 42 U.S.C. § 1983, you may sue state	Individual capacity e or local officials for the "de	Official capacit	ty
Unde	Telephone Number E-Mail Address (if known) s for Jurisdiction er 42 U.S.C. § 1983, you may sue state	Individual capacity e or local officials for the "de	Official capacit	ty
Unde	er 42 U.S.C. § 1983, you may sue state	te or local officials for the "de	privation of any rights	
Unde	er 42 U.S.C. § 1983, you may sue state			s, privileges, or
imm				s, privileges, or
	eral Bureau of Narcotics, 403 U.S. 388 titutional rights.			
A.	Are you bringing suit against (chec			
	Federal officials (a <i>Bivens</i> cla State or local officials (a § 19	,		
В.	Section 1983 allows claims alleging the Constitution and [federal laws] federal constitutional or statutory in the constitution of the constitutio]." 42 U.S.C. § 1983. If you	are suing under section	on 1983, what
С.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what const officials?			

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful 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 more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed. A. Where did the events giving rise to your claim(s) occur? B. What date and approximate time did the events giving rise to your claim(s) occur? C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)		D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful 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 more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed. A. Where did the events giving rise to your claim(s) occur? B. What date and approximate time did the events giving rise to your claim(s) occur? C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?			
alleged wrongful 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 more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed. A. Where did the events giving rise to your claim(s) occur? B. What date and approximate time did the events giving rise to your claim(s) occur? C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?	III.	Staten	nent of Claim
 B. What date and approximate time did the events giving rise to your claim(s) occur? C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? 		alleged further any cas	I wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite sees or statutes. If more than one claim is asserted, number each claim and write a short and plain
C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?		A.	Where did the events giving rise to your claim(s) occur?
		В.	What date and approximate time did the events giving rise to your claim(s) occur?
		С.	

IV.	Injurie	es ·
	•	sustained injuries related to the events alleged above, describe your injuries and state what medical ent, if any, you required and did or did not receive.
v.	Relief	
	request	riefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If sing money damages, include the amounts of any actual damages and/or punitive damages claimed for the eged. Explain the basis for these claims.
VI.	Certi	fication and Closing
	Under and be unnec nonfri evider oppor	Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, elief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause essary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a evolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have ntiary support or, if specifically so identified, will likely have evidentiary support after a reasonable tunity for further investigation or discovery; and (4) the complaint otherwise complies with the ements of Rule 11.
	Α.	For Parties Without an Attorney
		I agree to provide the Clerk's Office with any changes to my address where case–related papers may be served. 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.
		Date of signing:
		Signature of Plaintiff
		Printed Name of Plaintiff

B.

For Attorneys			
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Code
Telephone Number			
E-mail Address			