

Edward J. Gladney - No. 80179-279

Name and Prisoner/Booking Number

USP Coleman - II

Place of Confinement

P.O. Box 1034

Mailing Address

Coleman, FL 33521

City, State, Zip Code

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

FILED RECEIVED	LODGED COPY
NOV 20 2017	
CLERK U.S. DISTRICT COURT DISTRICT OF ARIZONA	
DEPUTY	

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

EDWARD J. GLADNEY

(Full Name of Plaintiff)

Plaintiff,

v.

CASE NO. 17-cv-427-DCB-PSOT

(To be supplied by the Clerk)

(1) UNITED STATES OF AMERICA

(Full Name of Defendant)

(2) _____

(3) _____

(4) _____

Defendant(s).

CIVIL RIGHTS COMPLAINT
BY A PRISONER

- ☐ Original Complaint
☒ First Amended Complaint
☐ Second Amended Complaint

☐ Check if there are additional Defendants and attach page 1-A listing them.

A. JURISDICTION

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

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

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

☒ Other: 28 USC §§1346 and 2671-2680

(FTCA)

2. Institution/city where violation occurred: FBOP - USP TUCSON

B. DEFENDANTS

1. Name of first Defendant: UNITED STATES OF AMERICA. The first Defendant is employed as: _____ at _____.
(Position and Title) (Institution)
2. Name of second Defendant: N/A. The second Defendant is employed as: _____ at _____.
(Position and Title) (Institution)
3. Name of third Defendant: N/A. The third Defendant is employed as: _____ at _____.
(Position and Title) (Institution)
4. Name of fourth Defendant: N/A. The fourth Defendant is employed as: _____ at _____.
(Position and Title) (Institution)

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

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? Only this. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: 17-cv-427
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
Dismissed W/O for failure to State a Claim
 - b. Second prior lawsuit:
 1. Parties: N/A v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: N/A v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

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

COUNT II

1. State the constitutional or other federal civil right that was violated: N/A
2. **Count II.** Identify the issue involved. Check **only one**. State additional issues in separate counts.
- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <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 that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- N/A
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).
- N/A
5. **Administrative Remedies.**
- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?
☐ Yes ☒ No
 - Did you submit a request for administrative relief on Count II?
☐ Yes ☒ No
 - Did you appeal your request for relief on Count II to the highest level?
☒ Yes ☐ No
 - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. N/A

COUNT III

1. State the constitutional or other federal civil right that was violated: N/A

2. **Count III.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <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 that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

N/A

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

N/A

5. **Administrative Remedies.**

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

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

E. REQUEST FOR RELIEF

State the relief you are seeking:

Money Damages to the Fullest Extent of the Law and/or Decided by a jury.

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

Executed on 11/7/17
DATE


SIGNATURE OF PLAINTIFF

LPS, LLC

(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 you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.