UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Victoria M Serrano

Write the full name of each plaintiff.

_____CV_____
(Include case number if one has been assigned)

-against-

State of New York City

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.

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?

HPD Neglect, Abandonment - Displaced - Homeless citizen. NYS
NYC Hospital Abuse, Neglect - Abuse. NYC.
NYPD Neglect Abuse 47 years
NYPD Neglect / Abuse

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of
(Plaintiff's name)

_____
(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, Victoria M Serrano, is a citizen of the State of
(Defendant's name)

New York city

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.

HPD, NYPD, NYC Hospitals, Rehabilitation

First Name Middle Initial Last Name

Street Address

NYS NYC

County, City State Zip Code

718 484-8939

Telephone Number Email Address (if available)

929 216-9476
917 770 3071

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: HPD (Housing Preservation Development)

First Name Last Name

100 Gold Street - NYC.

Current Job Title (or other identifying information)

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

NYS NYC

County, City State Zip Code

Defendant 2: 68 Pricint (NYPD 68 Pricint)

First Name Last Name

~~Bay Ridge~~ Brooklyn NY

Current Job Title (or other identifying information)

BAYRidge Brooklyn

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

Brooklyn NYS 11209

County, City State Zip Code

Defendant 3: NYU Hospital (All Hospitals on Records)

First Name Last Name

2021, 22, 23, 24
2018

Current Job Title (or other identifying information)

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

NYC NYC

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 CLAIM

Place(s) of occurrence: NYC Brooklyn 11209, NYC Areas

Date(s) of occurrence: 2021, 2022, 2023, 2024,

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.

Displaced – Homeless – NYC HPD, NYPD
Neglect Abandonment Retaliation NYC Hospital

Major pain suffering, losses

Defamation of Character, Slander, Libel.

Major Retaliation

Homeless!

(Social Security NYPD City Council)

New York City / 2017 —

Local government placed citizen my Identity A target without my permission!

Constant violations / Staging harrassement, NYPD Etc / SBA Threating Emo NYPD + City unions All City Agencies, Disrespect, Intimidation Hospital Stay 0. Retaliation threats.

INJURIES:

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

physical, mental, financial, home + personal Property losses.

Damage to Reputation Black listed

IV. RELIEF

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

Settle.

$ ~~50,000~~ Settle ($50,000 / 100,000)

(Placement along with Hud to find Apt.)

(A Million plus)

Reality — Is real.

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, 29, 2025
Dated

Plaintiff's Signature

Victoria M Serrano
First Name Middle Initial Last Name

Po Box 742
Street Address

NY
County, City

NY 10116
State Zip Code

929-216-7476
Telephone Number

718 484-3989

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.

Mail Documents Please