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CV 09 2876

**FORM TO BE USED BY A PRISONER FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ JUL 01 2009 ★

JAMEL FLOYD
Full name of plaintiff/prisoner ID# 070-11-609

LONG ISLAND OFFICE

Plaintiff,
nassau county food services
-against-

TRIAL BY JURY DEMAND
YES NO

NASSAU COUNTY FOOD SERVICES
SHIRIEF SPOSOTO ACTING WARDEN
NASSAU COUNTY HEALTH CORPERATION

FEUERSTEIN, S

WALL, M.J.

Enter full names of all defendants

Defendants.

I. Previous Lawsuits:

A. Have you begun other lawsuite in stae or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (X)

B. If your answer to A is yes, describe the lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county)

3. Docket Number: _____

4. Name of Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: NASSAU COUNTY JAIL

A. Is there a prisoner grievance procedure in this institution? Yes () No ()

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes () No ()

C. If you answer is YES;

1. What steps did you take? _____

2. What was the result? _____

D. If you answer is NO, explain why not I was off facility grounds for x-rays at area hospital and once back on grounds I was in a observation room for a week passing the 24 hour time frame to file.

E. If there is no prison grievance procedure in the institution, did you complaint to prison authorities? Yes () No ()

F. If you answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties

(In item A below, place your name in the first blank and place our present address in the second blank. Do the same for additional plaintiffs, if any.)

JAMEL FLOYD
100 CARMAN AVE.
EAST MEADOW N.Y. 11554

Kindly list all defendants to this lawsuit and the address at which each may be served. If you do not provide an address for a defendant, that defendant will not be served.

Defendant No. 1

NASSAU COUNTY JAIL FOOD SERVICE
SHIRIFF SPOSATO ACTING WARDEN
EAST MEADOW N.Y.11554

Defendant No. 2

SHIRIFF SPOSATO ACTING WARDEN
100 CARMEN AVE
EAST MEADOW N.Y.11554

Defendant No. 3

NASSAU COUNTY HEALTH CARE CORPORATION
100 CARMAN AVE.
EAST MEADOW N.Y.11554

Defendant No. 4

Defendant No. 5

Please attach additional 8 1/2 x 11 paper if necessary.

A. Name of plaintiff JAMEL FLOYD

Address 100 CARMAN AVE.

(In item B below, place the full name of the defendants in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.)

B. Defendant NASSAU COUNTY JAIL is employed as FOOD ADMINISHSTRATON
Chef, at NASSAU COUNTY HEALTH CARE CORP, shiriff sposato

C. Additional Defendants _____

IV. Statement of Claim

(State here, as briefly as possible, the facts of your case. Describe how each defendant is involved. Include names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach additional 8 1/2 x 11 sheets, if necessary.)

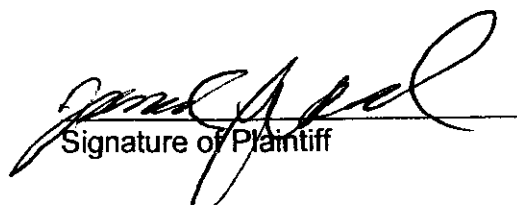
On JANUARY 11, 2009 during the last meal period as I atemy food I choked on a piece of metal at the time it was not known to me exactly what it was untill I was taken to the hospital and I was given an a x-ray. Once the x x-ray came back as being possitive for having meta in my stomach then I was told exactly what it was. I had pictures take of my mouth because I was bleeding from laseration also there was mor stuff found in my food tray that they took pictures of. I was put int observation one on one to be monitored to see if it would pass throug my system. However it never came out and when I started to have more bowl movements when I wipe my butt blood would be on the tissue. I was neglected by all medial staff as well as all offiers in charge I had concerns about internally bleeding because it felt like it was ripping my inside open. It seem as if every one was trying to cover up a mistake that the facility food services made. icould havedied.

V. Relief

(State briefly exactly what you want the court to do for you.
Make no legal arguments. Cite no cases or statutes.)

As direct result of the defendants callous indifference and
and abuses, plaintiff has been permanently damage his stomach
cramps up alot and every now and then there is spotted blood
when ever he use the bathroom and wipes with tissue. It at time seem
as if something is poken him in the abdomen area of the body.
a. Plaintiff demands jury trail
b. compensatory damages for violation of his civil rights in the
summ of \$5,000,000(Five million Dollars).

Signed this 25 day of JUNE, 2009
I declare under penalty of perjury that the foregoing is true
and correct.


Signature of Plaintiff

Plaintiff's Date of Birth

N/A

Social Security Number