

**Form for Filing a Section 1983 Civil Rights Complaint (by persons not in jail or prison)**

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI  
\_\_\_\_\_ DIVISION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Enter above the full name of the Plaintiff[s]  
in this action.)

-vs-

Case No. \_\_\_\_\_  
(To be assigned by Clerk)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Enter above the full name of ALL Defendant[s]  
in this action. Fed. R. Civ. P. 10(a) requires that  
the caption of the complaint include the names of  
all the parties. Merely listing one party and “et al”  
is insufficient.)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C. §1983  
(by persons not in jail or prison)**

**III. Parties**

(In item A below, place your name in the first blank and place your present address in the second blank. If more than one plaintiff, attach an additional sheet that provides each plaintiff's name and address.)

A. Name of Plaintiff: \_\_\_\_\_  
Address: \_\_\_\_\_

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

defendants.)

B. Defendant, \_\_\_\_\_, is employed as \_\_\_\_\_  
at \_\_\_\_\_.

### C. Additional Defendants:

[illegible]

#### IV. Statement of Claim

State here as briefly as possible the facts of your case, that is, what happened that caused you to file this complaint. Describe how each defendant is involved. Include also dates and places where the complained of events occurred. 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 extra sheet if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

V. State the names of witnesses who would testify for you or on your behalf, and state **briefly** what they would say.

WITNESS'S NAME

## WHAT THIS WITNESS WOULD SAY

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VI. Name all **documents** that you know of which would support your claim and state **briefly** what each document says or shows.

DOCUMENT	WHAT THE DOCUMENT SAYS OR SHOWS
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VII. Explain how you were injured (incurred medical costs, incurred physical injury and/or emotional distress, etc.)

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VIII. Relief

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

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IX. Jury Demand

I would like to have my case tried by a jury.

☐ Yes

☐ No

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of our information, knowledge, and belief.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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(Signature of Plaintiff/Plaintiffs)