

## Complaint Forms for *Pro Se* Litigants in the Central District of California

The following forms were developed by Public Counsel's Federal *Pro Se* Clinic to help *pro se* litigants draft complaints. This packet includes:

- General Complaint Form (for all complaints)
- Civil Rights Complaint Form for Non-Prisoners (for claims arising under 42 U.S.C. §1983)
- Social Security Appeal Complaint Form

# General Complaint Form

1 *Name:* \_\_\_\_\_

2 *Address:* \_\_\_\_\_

3 \_\_\_\_\_

4 *Phone:* \_\_\_\_\_

5 Plaintiff In Pro Per

6

7

**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

8

9

10 \_\_\_\_\_,

) **Case No.:** \_\_\_\_\_

(To be supplied by the Clerk)

11 **PLAINTIFF,**

) **COMPLAINT FOR:**

12 **vs.**

) \_\_\_\_\_

13 \_\_\_\_\_

) \_\_\_\_\_

14 \_\_\_\_\_

) \_\_\_\_\_

15 \_\_\_\_\_

) \_\_\_\_\_

16 \_\_\_\_\_

) \_\_\_\_\_

17 \_\_\_\_\_

) **Jury Trial Demanded**

18 **DEFENDANT(S).**

) \_\_\_\_\_

19 \_\_\_\_\_

20

**I. JURISDICTION**

21

22 1. This Court has jurisdiction under \_\_\_\_\_

23

24

25

26

27

28

**II. VENUE**

2. Venue is proper pursuant to \_\_\_\_\_

**III. PARTIES**

3. Plaintiff's name is \_\_\_\_\_ . Plaintiff resides  
at: \_\_\_\_\_

4. Defendant \_\_\_\_\_

5. Defendant \_\_\_\_\_

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

\_\_\_\_. Defendant \_\_\_\_\_

*Insert ¶ #*

**IV. STATEMENT OF FACTS**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

\_\_\_\_\_  
*Insert ¶ #*

\_\_\_\_\_  
*Insert ¶ #*

\_\_\_\_\_  
*Insert ¶ #*

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

\_\_\_\_\_  
*Insert ¶ #*

\_\_\_\_\_  
*Insert ¶ #*

\_\_\_\_\_  
*Insert ¶ #*

**V. CAUSES OF ACTION**

**FIRST CAUSE OF ACTION**

( \_\_\_\_\_ )

*insert title of cause of action*

**(As against Defendant(s):** \_\_\_\_\_

\_\_\_\_\_ )

\_\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_\_.  
*Insert ¶ #*

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**SECOND CAUSE OF ACTION**

( \_\_\_\_\_ )

*insert title of cause of action*

**(As against Defendant(s):** \_\_\_\_\_

\_\_\_\_\_ )

\_\_\_\_\_  
*Insert ¶ #*

\_\_\_\_\_  
*Insert ¶ #*

\_\_\_\_\_  
*Insert ¶ #*

**THIRD CAUSE OF ACTION**

( \_\_\_\_\_ )  
*insert title of cause of action*

**(As against Defendant(s):** \_\_\_\_\_  
\_\_\_\_\_ )

\_\_\_\_\_  
*Insert ¶ #*

\_\_\_\_\_  
*Insert ¶ #*

\_\_\_\_\_  
*Insert ¶ #*

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**FOURTH CAUSE OF ACTION**

( \_\_\_\_\_ )  
*insert title of cause of action*

**(As against Defendant(s):** \_\_\_\_\_  
\_\_\_\_\_ )

\_\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_\_.  
*Insert ¶ #*

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**VI. REQUEST FOR RELIEF**

WHEREFORE, the Plaintiff requests:

\_\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_\_.  
*Insert ¶ #*

**VII. DEMAND FOR JURY TRIAL**

Plaintiff hereby requests a jury trial on all issues raised in this complaint.

Dated: \_\_\_\_\_

*Sign:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

Plaintiff in pro per

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**Civil Rights Complaint Form for Non-Prisoners  
(for claims arising under 42 U.S.C. §1983)**

1 \_\_\_\_\_ (Full Name)  
2 \_\_\_\_\_ (Address Line 1)  
3 \_\_\_\_\_ (Address Line 2)  
4 \_\_\_\_\_ (Phone Number)

5 Plaintiff in Pro Per

6  
7  
8 **UNITED STATES DISTRICT COURT**  
9 **CENTRAL DISTRICT OF CALIFORNIA**

10  
11 \_\_\_\_\_, ) **Case No.:** \_\_\_\_\_  
12 **Plaintiff,** ) (To be supplied by the Clerk)  
13 **vs.** ) **Civil Rights Complaint Pursuant to**  
14 \_\_\_\_\_ ) **42 U.S.C. § 1983 (non-prisoners)**  
15 \_\_\_\_\_ ) **Jury Trial Demanded:  Yes  No**  
16 \_\_\_\_\_ )  
17 \_\_\_\_\_ )  
18 **Defendant(s).** )  
19 \_\_\_\_\_ )

20 (All paragraphs and pages must be numbered.)

21 **I. JURISDICTION**

22 1. This court has jurisdiction under 28 U.S.C. § 1331 and 28 U.S.C. § 1343.  
23 Federal question jurisdiction arises pursuant to 42 U.S.C. § 1983.

24  
25 **II. VENUE**

26 2. Venue is proper pursuant to 28 U.S.C. § 1391 because \_\_\_\_\_  
27 \_\_\_\_\_  
28 \_\_\_\_\_

**III. PARTIES**

3. Plaintiff \_\_\_\_\_ resides at:  
*(your full name)*

\_\_\_\_\_  
*(your address)*

*(You should specifically identify each Defendant you intend to sue in a separate, numbered paragraph.)*

4. Defendant \_\_\_\_\_ works at  
*(full name of Defendant)*

\_\_\_\_\_  
*(Defendant's place of work)*

Defendant's title or position is \_\_\_\_\_  
*(Defendant's title or position at place of work)*

This Defendant is sued in his/her (check one or both):

- individual capacity                       official capacity

This Defendant was acting under color of law because: \_\_\_\_\_

5. Defendant \_\_\_\_\_ works at  
*(full name of Defendant)*

\_\_\_\_\_  
*(Defendant's place of work)*

Defendant's title or position is \_\_\_\_\_  
*(Defendant's title or position at place of work)*

This Defendant is sued in his/her (check one or both):

- individual capacity                       official capacity

This Defendant was acting under color of law because: \_\_\_\_\_

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

\_\_\_\_. Defendant \_\_\_\_\_ works at  
*Insert ¶ # (full name of Defendant)*

\_\_\_\_\_  
*(Defendant's place of work)*

Defendant's title or position is \_\_\_\_\_  
*(Defendant's title or position at place of work)*

This Defendant is sued in his/her (check one or both):

- individual capacity                       official capacity

This Defendant was acting under color of law because \_\_\_\_\_

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

\_\_\_\_. Defendant \_\_\_\_\_ works at  
*Insert ¶ # (full name of Defendant)*

\_\_\_\_\_  
*(Defendant's place of work)*

Defendant's title or position is \_\_\_\_\_  
*(Defendant's title or position at place of work)*

This Defendant is sued in his/her (check one or both):

- individual capacity                       official capacity

This Defendant was acting under color of law because \_\_\_\_\_

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

**IV. STATEMENT OF FACTS**

*(Explain what happened in your own words. You do not have to cite legal authority in this section. Be specific about names, dates, and places. Explain what each Defendant did. Remember to number every paragraph.)*

\_\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_\_.  
*Insert ¶ #*

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_.  
*Insert ¶ #*

**V. CLAIMS**

**Claim #1**

\_\_\_\_. Plaintiff realleges and incorporates by reference all of the paragraphs above.  
*Insert ¶ #*

\_\_\_\_. Plaintiff has a claim under 42 U.S.C. §1983 for violation of the following  
*Insert ¶ #* federal constitutional or statutory civil right:

---

---

---

---

\_\_\_\_. The above civil right was violated by the following Defendants:  
*Insert ¶ #*

---

---

---

*(You may list facts supporting your claim. Be specific about how each Defendant violated this particular civil right.)*

\_\_\_\_.  
*Insert ¶ #*

---

---

---

---

---

---

---

---

\_\_\_\_. As a result of the Defendant's violation of the above civil right, Plaintiff  
*Insert ¶ #* was harmed in the following way:

---

---

---

---

**Claim # ( )**  
*(insert Claim#)*

1  
2  
3 \_\_\_\_\_. Plaintiff realleges and incorporates by reference all of the paragraphs above.  
*Insert ¶ #*

4 *(List any other legal claim you have that is related to your civil rights claim.)*

5 \_\_\_\_\_.  
*Insert ¶ #*

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_. Plaintiff alleges the above claim against the following Defendant(s):  
*Insert ¶ #*

12 \_\_\_\_\_

13 \_\_\_\_\_

14 \_\_\_\_\_

15 *(You may list facts supporting your claim. Be specific about how each Defendant  
16 violated the rights giving rise to this claim.)*

17 \_\_\_\_\_.  
*Insert ¶ #*

18 \_\_\_\_\_

19 \_\_\_\_\_

20 \_\_\_\_\_

21 \_\_\_\_\_

22 \_\_\_\_\_

23 \_\_\_\_\_

24 \_\_\_\_\_. As a result of the Defendant's violation of the rights giving rise to this  
25 *Insert ¶ #* claim, Plaintiff was harmed in the following way:

26 \_\_\_\_\_

27 \_\_\_\_\_

28 \_\_\_\_\_

**VI. REQUEST FOR RELIEF**

WHEREFORE, the Plaintiff requests:

\_\_\_\_\_.  
*Insert ¶ #*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

**DEMAND FOR JURY TRIAL**

Plaintiff hereby requests a jury trial on all issues raised in this complaint.

Dated: \_\_\_\_\_

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# Social Security Complaint Form

1 \_\_\_\_\_ (Full Name)  
2 \_\_\_\_\_ (Address Line 1)  
3 \_\_\_\_\_ (Address Line 2)  
4 \_\_\_\_\_ (Phone Number)  
5 \_\_\_\_\_ (Fax Number)

6 Plaintiff in Pro Per

7  
8  
9  
10 **UNITED STATES DISTRICT COURT**  
11 **CENTRAL DISTRICT OF CALIFORNIA**

12 \_\_\_\_\_,  
13 Plaintiff,  
14 vs.  
15 CAROLYN W. COLVIN, Acting  
16 Commissioner of Social Security,  
17 Defendant.

Case No.: \_\_\_\_\_  
(To be supplied by clerk)

**COMPLAINT FOR REVIEW OF  
SOCIAL SECURITY DECISION**

18  
19  
20 **Jurisdiction**

21 1. This is an action seeking court review of the decision of the  
22 Commissioner of Social Security pursuant to Section 205(g) of the Social Security  
23 Act, as amended (42 U.S.C.A. § 405(g)) and 28 U.S.C.A. § 1361.

24  
25 **Venue**

26 2. Venue is proper within 42 U.S.C.A. § 405(g). This action is brought  
27 in the judicial district in which the Plaintiff resides.

1 **Parties**

2 3. Plaintiff \_\_\_\_\_ resides at  
3 (name)

4 \_\_\_\_\_  
5 (address)

6 4. Defendant Carolyn W. Colvin is the Acting Commissioner of Social  
7 Security and as such has full power and responsibility for the administration of the  
8 Social Security Act, subject to appropriate judicial review.

9 **Facts**

10 5. Plaintiff should have been entitled to receive (or continue to receive)  
11 disability benefits because of the following disability \_\_\_\_\_  
12 (state your disability)

13 \_\_\_\_\_  
14 The disability began on this date: \_\_\_\_\_.

15 *Check A, B, or C, whichever is applicable, and fill in the appropriate blanks:*

16  A. **If you were granted disability benefits but disagree with the**  
17 **amount, check this box and complete this question:**

18 Plaintiff was found disabled by the Social Security office on  
19 \_\_\_\_\_.  
20 (date of disability finding) This disability was found to have begun  
21 on \_\_\_\_\_ and Plaintiff was granted disability  
22 (date of disabling condition) benefits which started on \_\_\_\_\_.  
23 (date of first payment)

24  B. **If you were granted disability benefits but these were later**  
25 **terminated or reduced, check this box and complete this question:**

26 Plaintiff was found disabled by the Social Security office on  
27 \_\_\_\_\_.  
28 (date of disability finding) This disability was found to have begun  
on \_\_\_\_\_ and Plaintiff was granted disability  
(date of disabling condition)

benefits which started on \_\_\_\_\_ . Subsequently,  
*(date of first payment)*

Plaintiff's benefits were

[check one]

terminated or  reduced

effective \_\_\_\_\_ .  
*(date of termination or change)*

C. **If your initial application for disability benefits was denied, check this box.**

The Bureau of Disability Insurance of the Social Security Administration disallowed Plaintiff's application upon the ground that Plaintiff failed to establish a period of disability and/or upon the ground that Plaintiff did not have an impairment or combination of impairments of the severity prescribed by the pertinent provisions of the Social Security Act to establish a period of disability or to allow disability insurance benefits, or did not allow full benefits retroactive to the date of initial disability.

6. Subsequent thereto, Plaintiff requested a hearing and on \_\_\_\_\_ , a hearing was held which resulted in a denial of Plaintiff's claim on \_\_\_\_\_ , or in a finding of disability at a date later than Plaintiff's claimed date of disability.  
*(date)* *(date)*

7. Thereafter, Plaintiff requested a review by the Appeals Council, and after its consideration, the decision of the hearing examiner was

[check one]

affirmed, or  reversed in part

on \_\_\_\_\_ . Plaintiff received this ruling on \_\_\_\_\_ .  
*(date)* *(date)*

8. The decision of the hearing examiner, as affirmed by the Appeals Council, was wrong, not supported by substantial evidence in the record, or

1 contrary to the law because \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_

12 **Prayer for Relief**

13 9. Plaintiff respectfully prays that:

14 A. Defendant be ordered to submit a certified copy of the transcript of the  
15 record, including evidence upon which the findings and decision  
16 complained of are based;

17 B. Upon such record, this court should modify the decision of the  
18 defendant to grant monthly maximum insurance benefits to the  
19 Plaintiff, retroactive to the date of initial disability, or in the  
20 alternative, remand to the Commissioner for reconsideration of the  
21 evidence;

22 C. For such further relief as may be just and proper under the  
23 circumstances of this case.

24  
25 Dated \_\_\_\_\_

25 By: \_\_\_\_\_

(sign)

26  
27 \_\_\_\_\_  
(print name)

28 Plaintiff in Pro Per