

IN THE UNITED STATES DISTRICT  
FOR THE DISTRICT OF MONTANA  
DULWSTON

RASHARD COLLINS  
Plaintiff,

CASE NO.

COMPLAINT  
(PRO SE PRISONER)

- AGAINST -

JURY TRIAL DEMANDED

YES  NO

MISSOULA COUNTY DETENTION  
FACILITY,  
PLANNED PARENTHOOD OF  
MONTANA, COURTNEY  
EVANS

DEFENDANTS

PRISONER COMPLAINT FORM  
Plaintiff's Last Name Collins

Parties to the Complaint

A. Plaintiff

Rashad Collins

Ray Collins

0803419824121

Missoula County Detention Facility

2340 Mullan Rd. Missoula, Montana 59808

Pretrial Detainee

B. Defendant(s)

Defendant No. 1:

Missoula County Detention Facility

2340 Mullan Rd. Missoula, Montana 59808

Official Capacity

Defendant No. 2:

Planned Parenthood of Montana

2340 Mullan Rd. Missoula, Montana 59808

Official Capacity

Defendant No. 3:

Courtney Evans

Health Service Administrator

Planned Parenthood of Montana

2340 Mullan Rd. Missoula Montana 59808

Official Capacity

Prisoner Complaint Form

Plaintiff's Last Name Collins

## II. Basis for Jurisdiction

42 U.S.C. § 1983 (state, county or municipal defendant)

## III. Statement of Claim(s)

### Count 1

— 8<sup>th</sup> Amendment cruel and unusual punishment by deliberate indifference which is causing me to live in severe pain.

— 14<sup>th</sup> Amendment because other prisoners are receiving medical treatment but I've been refused adequate medical treatment

2. I submitted medical request 10/26/18, 10/30/18, 11/3/18, 11/6/18, 11/7/18, 11/8/18 and received no treatment.

District Court Judge ordered county attorney to contact medical provider contracted through Missouri County Detention Facility 11/8/18 and 11/15/18 about not receiving adequate medical attention and or treatment

3. 10/26/18 requested Tizanidine pain medication  
10/27/18 Disposition was provided to review for alternative but no alternative was given  
10/30/18 requested to see a medical provider due to my pain for the first 4 weeks at Missouri County Detention Facility 10/31/18 Disposition was told my chart was under review  
11/3/18 requested to be removed from Meloxicam since

it didnt manage my pain and informed about my medical charts showing NO cartilage in my hip joint  
11/4/18 Attached a refusal form for disposition  
11/6/18 Requested medication due to pain  
11/7/18 Disposition informed about my nerve medication and that I declined the anti-inflammatory  
11/8/18 Requested shoes to cushion walking on hard pavement  
11/9/18 Disposition H.S.A. to review

11-8-18 My attorney Susan Boyer for Cause No. DC-2011-038 requested that the Judge stepped in since I hadnt received medical attention

11-8-18 Standing Master for Cause No. DC-2011-038 ordered the county attorney to call the medical provider

11-15-18 Attorney Susan Boyer for Cause No. DC-2011-038 informed the court that I still hadnt received medical attention or treatment from the provider

11-15-18 The Standing Master for Cause No. DC-2011-038 ordered the county attorney to call the medical provider

4. Missoula County Detention Facility didnt provide adequate medical as a condition of my confinement nor protect me as a pre-trial detainee deliberately allowing their contracted medical provider, Planned Parenthood to refuse my medical treatment

PRISONER COMPLAINT FORM

Plaintiff's LAST NAME Collins

Planned Parenthood of Montana advertently failed to provide adequate medical care, causing severe pain, suffering, irreparable emotional injury. They persistently wouldn't allow me to see a medical provider about my pain. As the medical provider contracted they wouldn't even schedule me to see a specialist to see if my leg had gotten worse even after reviewing my medical charts from Yellowstone County Detention Facility.

Courtney Evans is the Health Service Administrator that obtained my medical records from the facility I was transferred from and was aware of my chronic hip issues and maliciously knew of my limited chart from the facility I was transferred from holding and intentionally delaying in medical care for my condition that is "painful in nature".

PRISONER Complaint Form

Plaintiff's Last Name Collins

#### IV. Injuries.

My injuries related to my event is I haven't been able to walk certain days due to the pain in my hip area, I haven't ate certain meals because I've been in so much pain I just wanted to lay down and cry. I've woken up in the middle of the night to sit in pain to the feeling of my bone poking out of place.

Certain days I have been unable to bend down take my sock off my foot.

I've only received over the counter medication and or anti-inflammatory for my everyday pain when I've watched a prisoner in his 60's with a chronic hip issue be given pain medication.

I've had to shift my weight while standing in the shower or sitting on metal stools all on the right side of my body.

I've had to ask my attorney for help which in return has put my medical issues before everyone in court for cause NO. DC-2011-038 which has been mentally embarrassing however that has been the only way I felt I would receive help.

Prisoner Complaint Form

Plaintiff's Last Name Collins

## V. Relief

I respectfully ask that the court grants \$1,000,000 for deliberate indifference which the facility, Planned Parenthood of MT and the Health Service Admin did failing to provide me adequate medical care during my incarceration, not protecting me as a pre-trial detainee, and holding my delay in medical care. This amount is for punitive damages and will cover any further medical cost in which I will need for my chronic hip issues, and doctor visits.

## VI. Exhaustion of Administrative Remedies Administrative Procedures

A. Did your claim arise while you were confined in a jail, prison, or other correctional facility?  YES  NO

Missoula Detention Facility

B. Does the jail, prison, or other correctional facility where your claim arose have a grievance procedure?  YES  NO  Do Not Know

PRISONER COMPLAINT FORM

Plaintiff's Last Name Collins

C. Did you file a grievance in the jail, prison, or other correctional facility where your claim arose concerning the facts relating to this complaint  
 YES  NO

D. If you did file a grievance answer the following questions:

1. Where did you file the grievance?  
Missouri County Detention Facility

2. What did you claim in your grievance?

I claimed that the medical provider is violating my 8th and 14th Amendment. Not giving me adequate medical attention and treatment. Then I claimed that Missouri County Detention Facility is violating my rights under the Federal Civil Rights Statutes, my Human Rights and M.C.A. 45-5-204 Mistreatment of Prisoners. That the facility hasn't been protecting me or my rights maliciously allowing their contracted medical provider to violate my 8th Amendment and show deliberate indifference. How my "celly" has had to carry my meal trays certain days during meal pass because I couldn't walk due to my pain. How could one facility allow my medication when Missouri County Detention wouldn't.

Prisoner Complaint Form

Plaintiff's Last Name Collins



3. What was the result, if any?

11/5/18 I was informed that the Health Service Administrator received limited records from Yellowstone County Jail regarding my chronic pain. They had no records from outside providers indicating the state of my hip, the H.S.A. attached a of info for me and that with regards to my medicine that it isn't available in the facility nor did they try an alternative. That I have an anti-inflammatory available and that I'm receiving Oxcarbazepine which is indicated for pain.

11/14/18 I am scheduled to see the Provider. That she is at the facility on a limited basis and there is a wait to see her. That the medical provider is aware of my chronic hip issues, that I have an anti-inflammatory available to me at med pass daily that the medical provider also requested my medical records from Billings Clinic

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed?

If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Yes, I tried to appeal and was told all grievance appeals submitted must have a copy of the original grievance and it's response attached and I didn't  
Prisoner Complaint Form

Plaintiff's Last Name Collins

RECEIVE MY ORIGINAL GRIEVANCE BACK AND MY RESPONSE I SENT TO MY ATTORNEY IN CASE NO. DC-2011-038 IN HOPES OF RECEIVING HELP. THE APPEAL WAS REJECTED

E. If you did not file a grievance, answer the following

1. N/A
2. N/A

F. PLEASE SET FORTH ANY ADDITIONAL INFORMATION THAT IS RELEVANT TO THE EXHAUSTION OF YOUR ADMINISTRATIVE REMEDIES.

My attorney for Case No. DC 2011-038 brought the fact of me not receiving adequate medical attention and or treatment and would be on record on these dates 11/8/2018, 11/15/2018, and 11/21/2018 (Please note) on record the judge did order the county attorney to call the medical provider at the facility about not receiving adequate medical treatment!

Prisoner Complaint Form

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### VII. Plaintiff's Declaration

A. Under Federal Rule of Civil Procedure 11, by signing below I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nontrivial argument for extending, modifying, or reversing 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 Rule 11.

B. I understand I must keep the court informed of my current mailing address and my failure to do so may result in dismissal of this Complaint without notice to me.

C. I understand the Federal Rules of Civil Procedure prohibit litigants filing civil complaints from using certain information in documents submitted to the Court. In order to comply with these rules, I understand that:

Social Security numbers, taxpayer identification numbers, and financial account numbers must include only the last four digits (e.g., xxx-xx-5271, xx-xxx5271, xxxxxxxx3567);

birth dates must include the year of birth only (e.g. xx/xx/2001) and names of persons under the age of 18 must include initials only (e.g. L.K.)

Prisoner Complaint Form

Plaintiff's Last Name Collins

If my documents (including exhibits) contain any of the above listed information, I understand it is my responsibility to black that information out before sending those documents to the Court.

I understand I am responsible for protecting the privacy of this information

D. I understand the submission of a false statement or answer to any question in this complaint may subject me to penalties for perjury. I declare under penalty of perjury that I the Plaintiff in this action, I have read this complaint, and the information I set forth herein is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

E. This Complaint was deposited in the prison system for legal mail, postage prepaid or paid by the prison, on

Executed Yellowstone County Jail on 11/28/18, 2018.  
(Location) (Date)

Signature of Plaintiff: Rashaad J. Collins

Printed Name of Plaintiff: RASHAAD J. COLLINS

Prison Identification # 2030840

Prison Address: 3165 King Ave. East

Billings  
City

Montana  
State

59101  
Zip Code

Prison Complaint Form  
Plaintiff's last Name Collins