NYCLU
NEW YORK CIVIL LIBERTIES UNION

33 Front Street. Suite 205
Hempstead, NY 11550
516.741.8520
www.nyclu.org

Medical Complaint Form

The NYCLU is compiling information regarding health-related problems affecting inmates in the Nassau County Correctional Facility. If you have, or have had in the past, a condition requiring medical assistance in the jail that you would like to discuss, please fill out this complaint form, providing as much detail about your situation as you can and feel comfortable providing. Please note that this is not an official grievance—we strongly encourage you to file a grievance with the appropriate officer at the Nassau County Correctional Facility in addition to filling out this complaint form. If you would like to communicate with the NYCLU about matters that should remain confidential or if you would like to specifically request legal assistance, please write separately to the NYCLU, 33 Front Street, Suite 205, Hempstead, NY 11550 or call us at 516-741-8520.

1. **Personal Information:** *You can leave this blank if you would like your answers to remain anonymous, but your contact information would help us follow-up on your situation to determine whether our efforts are making a difference in the quality of healthcare you receive at the jail.*
   a. Full Legal Name: _____
   b. Date: _____
   c. Inmate number (CC#): _____
   d. Date of Birth (Month/Day/Year): _____
   e. Contact (a friend or family member's name & phone #): _____

2. **Nature of the Complaint:**
   a. Please describe in as much detail as you can provide the nature of your medical condition. If you have any pre-existing medical/mental health condition or disability that requires special medical attention, please state that as well.
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   b. Did you receive medical assistance? _____

   c. If you did receive medical assistance, who provided it (A nurse? A doctor?) and how long did you have to wait before getting medical assistance? _____
   _____
   _____

d. Was the medical assistance sufficient? If not, why? _____

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e. Did you file an official grievance with the appropriate corrections officer? _____

f. If you did file an official grievance, when did you file it and with whom? _____

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g. What happened with the grievance? Did you receive an official answer or are you still awaiting a decision? Did you appeal a decision? _____

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h. Do you know of anyone else at the jail that is suffering or has suffered a medical condition similar to yours? (You don't have to provide names, we just want to know whether there are certain medical problems that are common at the jail so we can address them specifically) _____

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i. Please bring to our attention any other medical/mental health concerns that are a persistent problem in the jail. Please include as much detail as you can provide. _____

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If there is any related documentation (for example, an official grievance filed with the jail) please feel free to send us copies. If you do not have access to a copy machine, send us the originals and we will make copies and send the originals back to you.

Please mail this intake sheet back to us at:

NYCLU Nassau
33 Front Street, Suite 205
Hempstead, NY 11550

THANK YOU!