

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLORADO

**FILED**  
UNITED STATES DISTRICT COURT  
DENVER, COLORADO  
**JUN 10 2024**  
JEFFREY P. COLWELL  
CLERK

Civil Action No. 24-cv-00267-SBP  
(To be supplied by the court)

Brandon J. Bradshaw, Plaintiff

v.

**Jury Trial requested:**  
(please check one)  
XX Yes \_\_\_ No

Desirae Meyer, (Nurse 3) FCF Medical,

Stephanie Ontiveras, NP, FCF Medical,

(First Name Unknown) Osunga, NP, FCF Medical,

See Attached Sheet named "Defendants", Defendant(s).

*(List each named defendant on a separate line. If you cannot fit the names of all defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section B. Do not include addresses here.)*

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**AMENDED PRISONER COMPLAINT**

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**NOTICE**

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

**Plaintiff need not send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint.**

**A. PLAINTIFF INFORMATION**

*You must notify the court of any changes to your address where case-related papers may be served by filing a notice of change of address. Failure to keep a current address on file with the court may result in dismissal of your case.*

Brandon J. Bradshaw, DOC #76777

(Name, prisoner identification number, and complete mailing address)

Fremont Correctional Facility Post Office Box 0999 Canon City, Colorado 81215

(Other names by which you have been known)

*Indicate whether you are a prisoner or other confined person as follows: (check one)*

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

☐ Other: (Please explain) \_\_\_\_\_

**B. DEFENDANT(S) INFORMATION**

*Please list the following information for each defendant listed in the caption of the complaint. If more space is needed, use extra paper to provide the information requested. The additional pages regarding defendants should be labeled "B. DEFENDANT(S) INFORMATION."*

Defendant 1: Desirae Meyer, Nurse 3, FCF Medical

(Name, job title, and complete mailing address)

Fremont Correctional Facility, Post Office Box 0999, Canon City, CO 81215

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? ☒ Yes ☐ No (check one). Briefly explain:

Desirae Meyer was the reviewing Nurse on the Plaintiff's Step 1 Grievance and

Had knowledge of the Plaintiff's condition. Also was the Nurse in Charge.

Defendant 1 is being sued in his/her ☒ individual and/or ☐ official capacity.

Defendant 2: Stephanie Ontiveras, NP, FCF Medical  
(Name, job title, and complete mailing address)

Fremont Correctional Facility, Post Office Box 0999, Canon City, CO 81215

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? \_\_\_ Yes X No (*check one*). Briefly explain:

Ms. Ontiveras, NP, was the Plaintiff's Provider for 4 Months and as a Contract Provider, knew of the condition and failed to provide reasonable care.

Defendant 2 is being sued in his/her X individual and/or \_\_\_ official capacity.

Defendant 3: (First Name Unknown) Osunga, NP, FCF Medical  
(Name, job title, and complete mailing address)

Fremont Correctional Facility, Post Office Box 0999, Canon City, CO 81215

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? \_\_\_ Yes X No (*check one*). Briefly explain:

Ms. Osunga, NP, was the Plaintiff's Provider for 5 Months and as a Contract Provider, knew of the condition and failed to provide reasonable care.

Defendant 3 is being sued in his/her X individual and/or \_\_\_ official capacity.

### C. JURISDICTION

*Indicate the federal legal basis for your claim(s): (check all that apply)*

X State/Local Official (42 U.S.C. § 1983)

\_\_\_ Federal Official

As to the federal official, are you seeking:

\_\_\_ Money damages pursuant to *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971)

\_\_\_ Declaratory/Injunctive relief pursuant to 28 U.S.C. § 1331, 28 U.S.C. § 1361, or 28 U.S.C. § 2201

\_\_\_ Other: (*please identify*) \_\_\_\_\_

**D. STATEMENT OF CLAIM(S)**

*State clearly and concisely every claim that you are asserting in this action. For each claim, specify the right that allegedly has been violated and state all facts that support your claim, including the date(s) on which the incident(s) occurred, the name(s) of the specific person(s) involved in each claim, and the specific facts that show how each person was involved in each claim. You do not need to cite specific legal cases to support your claim(s). If additional space is needed to describe any claim or to assert additional claims, use extra paper to continue that claim or to assert the additional claim(s). Please indicate that additional paper is attached and label the additional pages regarding the statement of claims as “D. STATEMENT OF CLAIMS.”*

CLAIM ONE: Violation of U.S. Const. Amend. VIII, Cruel and Unusual Punishment –Failure to Provide Medical Care

Claim one is asserted against these Defendant(s):

1. Desirae Meyer, Nurse III, FCF Medical
2. Stephanie Ontiveras, NP, FCF Medical
3. (First Name Unknown) Osunga, NP, FCF Medical
4. Dr. Jeffery Hoffman, MD, FCF Medical
5. Blessed Barrack, NP, FCF Medical
6. Melissa Rogers, NP, FCF Medical
7. Neil Bourjaily, PA, FCF Medical

Supporting facts:

The Defendants in this action have failed to provide competent Medical Care to the Plaintiff, and therefore causing the Plaintiff to suffer Undue Stress and continuous pain, therefore causing the Plaintiff to suffer a Violation of the United States Const. Amend. VIII, Cruel and Unusual Punishment – Failure to Provide Medical Care. See “D. STATEMENT OF CLAIMS”.

**E. PREVIOUS LAWSUITS**

Have you ever filed a lawsuit, other than this lawsuit, in any federal or state court while you were incarcerated? \_\_\_ Yes X No (*check one*).

*If your answer is "Yes," complete this section of the form. If you have filed more than one previous lawsuit, use additional paper to provide the requested information for each previous lawsuit. Please indicate that additional paper is attached and label the additional pages regarding previous lawsuits as "E. PREVIOUS LAWSUITS."*

Name(s) of defendant(s): \_\_\_\_\_

Docket number and court: \_\_\_\_\_

Claims raised: \_\_\_\_\_

Disposition: (is the case still pending?  
has it been dismissed?; was relief granted?) \_\_\_\_\_

Reasons for dismissal, if dismissed: \_\_\_\_\_

Result on appeal, if appealed: \_\_\_\_\_

**F. ADMINISTRATIVE REMEDIES**

*WARNING: Prisoners must exhaust administrative remedies before filing an action in federal court regarding prison conditions. See 42 U.S.C. § 1997e(a). Your case may be dismissed or judgment entered against you if you have not exhausted administrative remedies.*

Is there a formal grievance procedure at the institution in which you are confined?

X Yes \_\_\_ No (*check one*)

Did you exhaust administrative remedies?

X Yes \_\_\_ No (*check one*)

**G. REQUEST FOR RELIEF**

*State the relief you are requesting or what you want the court to do. If additional space is needed to identify the relief you are requesting, use extra paper to request relief. Please indicate that additional paper is attached and label the additional pages regarding relief as "G. REQUEST FOR RELIEF."*

\$250,000.00 Punitive, Pain and Suffering Damages per Defendant

\$250,000.00 Compensatory Damages per Defendant

\$250,000.00 Nominal Damages per Defendant

Attorney Fees

**H. PLAINTIFF'S SIGNATURE**

I declare under penalty of perjury that I am the plaintiff in this action, that I have read this complaint, and that the information in this complaint is true and correct. *See* 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Under Federal Rule of Civil Procedure 11, by signing below, I also 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 nonfrivolous argument for extending or modifying 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.

Brandon J. Bradshaw 76777  
(Plaintiff's signature)

JUNE 6, 2024  
(Date)

(Revised November 2022)

**“DEFENDANTS” (con’t)**

Dr. Jeffrey Hoffman, MD, FCF Medical

Blessed Barrack, NP, FCF Medical

Melissa Rogers, NP, FCF Medical

Neil Bourjaily, PA, FCF Medical

**“B: Defendants Information” (con’t)**

Defendant 4: Dr. Jeffery Hoffman MD, FCF Medical  
(Name, job title, and complete mailing address)

Fremont Correctional Facility, Post Office Box 0999, Canon City, CO 81215

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? \_\_\_ Yes X No (*check one*). Briefly explain:

J. Hoffman, MD, was the Plaintiff’s Provider for 7 Months and as a Contract  
Provider, knew of the condition and failed to provide reasonable care.

Defendant 4 is being sued in his/her X individual and/or \_\_\_ official capacity.

Defendant 5: Blessed Barrack. NP, FCF Medical  
(Name, job title, and complete mailing address)

Fremont Correctional Facility, Post Office Box 0999, Canon City, CO 81215

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? \_\_\_ Yes X No (*check one*). Briefly explain:

Blessed Barrack,NP, was the Plaintiff’s Provider for 7 Months and as a Contract  
Provider, knew of the condition and failed to provide reasonable care.

Defendant 5 is being sued in his/her X individual and/or \_\_\_ official capacity.



**“B: Defendants Information” (con’t)**

Defendant 6: Melissa Rogers. NP, FCF Medical  
(Name, job title, and complete mailing address)

Fremont Correctional Facility, Post Office Box 0999, Canon City, CO 81215

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? \_\_\_ Yes X No (*check one*). Briefly explain:

Melissa Rogers was the Plaintiff’s Provider for 5 Months and as a Contract  
Provider, knew of the condition and failed to provide reasonable care.

Defendant 6 is being sued in his/her X individual and/or \_\_\_ official capacity.

Defendant 7: Neil Bourjaily, PA, FCF Medical  
(Name, job title, and complete mailing address)

Fremont Correctional Facility, Post Office Box 0999, Canon City, CO 81215

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? \_\_\_ Yes X No (*check one*). Briefly explain:

Neil Bourjaily, PA, was the Plaintiff’s Provider for 7 Months and as a Contract  
Provider, knew of the condition and failed to provide reasonable care.

Defendant 7 is being sued in his/her X individual and/or \_\_\_ official capacity.

**“D: STATEMENT OF CLAIMS” (con’t)**

**CLAIM ONE (con’t)**

From May 1, 2020 to May 31, 2022, the Plaintiff was not offered Medical treatment or advised that he had a 100% Occluded Left Internal Carotid Artery, and a less than 50% Occluded Right Internal Artery. Even after the Plaintiff had been transported to the Hospital for 2 TIA’s (Trans-ischemic Attacks). The first on May 1, 2020 and the second on May 31, 2022. The Plaintiff has been continually denied by the Orthopedic Surgeon, to repair his Left Shoulder damaged by the fall from the first TIA on May 1, 2020, due to the Surgeon refusing to perform the surgery until the Occluded Arteries have been cleared due to the extreme danger and risk involved. The Plaintiff is in constant pain and unable to perform any tasks using his Left Shoulder. The Defendant’s had full knowledge of the Plaintiff’s condition after the May 1, 2020 TIA and failed to advise him or provide treatment, knowing after several conversations that the Plaintiff was in Pain.

**“D: STATEMENT OF CLAIMS” (con’t)**

**CLAIM TWO: Violation of U.S. Const. Amend. VIII, Cruel and Unusual Punishment –  
Deliberate Indifference to Serious Medical Needs**

Claim two is asserted against these Defendant(s):

1. Desirae Meyer, Nurse III, FCF Medical
2. Stephanie Ontiveras, NP, FCF Medical
3. (First Name Unknown) Osunga, NP, FCF Medical
4. Dr. Jeffery Hoffman, MD, FCF Medical
5. Blessed Barrack, NP, FCF Medical
6. Melissa Rogers, NP, FCF Medical
7. Neil Bourjaily, PA, FCF Medical

**Supporting facts:**

The above-named Defendant’s in this action did act with Deliberate Indifference to the Serious Medical Needs of the Plaintiff under their care between May 1, 2020 and May 31, 2022, in which all Defendant’s knew of the Plaintiff’s 100% Occluded Left Internal Carotid Artery, and a less that 50% Occluded Right Internal Artery as defined in the May 1, 2020 Emergency Room Report. Defendant’s further withheld this Information and Treatment from the Plaintiff for over 2 Years until the Plaintiff found out by accident after having a second TIA and being admitted to the Hospital for testing. Said knowledge comes in the form of the scanned Medical Report dated May 1, 2020 in the Colorado Department of Corrections (DCIS)

**“D: STATEMENT OF CLAIMS” (con’t)**

**CLAIM TWO (con’t)**

Computer Medical files, which all Providers and Medical Staff have access to. The Defendant’s knew of the Plaintiff’s condition, ignored the report and kept the Plaintiff from knowing of the condition, going even further by advising him that it was alright to have left shoulder surgery. The Defendant’s should have known of the complications and substantial risk to the Plaintiff. Any normal individual knows that a blocked or occluded artery is dangerous and serious, let alone any practicing medical professional. The delay in the treatment has caused severe stress, discomfort and considerable pain.

**1:** Desirae Meyer, Nurse 3, was the Medical Clinic Supervisor between May 1, 2020 and May 31, 2022. Ms. Meyer was in charge of overseeing all aspects of the Medical Clinic’s everyday operation. Ms. Meyer was also responsible for responding to Grievances as well as Inmate requests not directed to a Provider.

**2:** Stephanie Ontiveras, NP, a contract Employee, was the Plaintiff’s Provider for 4 Months and during that time, made no mention of the first TIA, and failed to advise or treat the Plaintiff for his condition, failed to act or respond reasonably, even though the Plaintiff was in pain, while under her care. Placing the Plaintiff at risk of further Serious Injury or Death, all while knowing the Plaintiff was in pain because of his shoulder..

**3:** (First Name Unknown) Osunga, NP, a contract Employee, was the Plaintiff’s Provider for 5 Months and during that time, made no mention of the first TIA, and failed to advise or treat the Plaintiff for his condition, failed to act or respond reasonably, even though the Plaintiff was in pain, while under her care. Placing the Plaintiff at risk of further Serious Injury or Death, all while knowing the Plaintiff was in pain because of his shoulder.

**“D: STATEMENT OF CLAIMS” (con’t)**

**CLAIM TWO (con’t)**

4: Jeffery Hoffman, MD, a contract Employee, was the Plaintiff’s Provider for 7 Months and during that time, made no mention of the first TIA, and failed to advise or treat the Plaintiff for his condition, failed to act or respond reasonably, even though the Plaintiff was in pain, while under his care. Placing the Plaintiff at risk of further Serious Injury or Death, all while knowing the Plaintiff was in pain because of his shoulder.

5: Blessed Barrack, NP, a contract Employee, was the Plaintiff’s Provider for 3 Months and during that time, made no mention of the first TIA, and failed to advise or treat the Plaintiff for his condition, failed to act or respond reasonably, even though the Plaintiff was in pain, while under her care. Placing the Plaintiff at risk of further Serious Injury or Death, all while knowing the Plaintiff was in pain because of his shoulder.

6: Melissa Rogers, NP, a contract Employee, was the Plaintiff’s Provider for 5 Months and during that time, made no mention of the first TIA, and failed to advise or treat the Plaintiff for his condition, failed to act or respond reasonably, even though the Plaintiff was in pain, while under her care, even though she was the Provider who sent the Plaintiff to the Emergency Room on May 1, 2020. Placing the Plaintiff at risk of further Serious Injury or Death, all while knowing the Plaintiff was in pain because of his shoulder..

7: Neil Bourjaily, PA, a contract Employee, was the Plaintiff’s Provider for 7 Months and during that time, made no mention of the first TIA, and failed to advise or treat the Plaintiff for his condition, failed to act or respond reasonably, while under his care even though the Plaintiff was in pain, and after the second TIA, Neil Bourjaily failed to treat the Plaintiff for the condition or make any referrals for specialists, placing the Plaintiff at risk of further Serious Injury or “D:

STATEMENT OF CLAIMS” (con’t)

Death, all while knowing the Plaintiff was in pain because of his shoulder.

<b>FCF</b>		<b>6/6/24</b>	
FACILITY		DATE RECD	
<u>Sixaringen</u>		<u>7/10/24</u>	
STAFF LAST NAME	ID#	INT	
<u>76777</u>	<u>BRADSHAW</u>	<u>1212</u>	
DOC#	OFFENDER LAST NAME	INT	



Colorado Department of Corrections  
Name BRANDON J. BRADSHAW  
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Box # 0999  
City, State, Zip CANON CITY, CO 81205-0999

Legal  
Mail

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DENVER, CO 80294-3589

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