IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

Civil Action No. 25-cv-01064-RTG

Glenn T. Davis, Plaintiff

v.

Jury Trial requested:
(please check one)
X Yes ___ No

Colorado Department of Corrections,

_____,

_____,

_____, 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.)

THIRD AMENDED PRISONER COMPLAINT

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.

Glenn T. Davis, DOC #123974 FCF/CH#4C15 P.O. Box 999 Cañon City, CO. 81215-0999
(Name, prisoner identification number, and complete mailing address)

(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
_X_ 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: Colorado Department of Corrections (CDOC) 1250 Academy Park Loop
(Name, job title, and complete mailing address)

Colorado Springs, CO. ~~80910~~ 80910

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

Defendant 1 is being sued in his/her _X_ individual and/or ___ official capacity.

Defendant 2: _____
(Name, job title, and complete mailing address)

_____

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:

_____

_____

Defendant 2 is being sued in his/her ___ individual and/or ___ official capacity.

Defendant 3: _____
(Name, job title, and complete mailing address)

_____

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:

_____

_____

Defendant 3 is being sued in his/her ___ 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: Discrimination in Violation of the ADA Titles II & III; Deliberate Indifference to a Serious Medical Need

Claim one is asserted against these Defendant(s): Colorado Department of Corrections (CDOC).

Supporting facts: The Plaintiff is a qualified individual under the ADA with qualifying disabilities. Plaintiff is Mobility and Hearing Impaired.

CDOC is a public entity that are denying his rights under the ADA, by unknown or unnamed CDOC employees.

CDOC has discriminated against Plaintiff based on his disabilities, to remove him from access to their Incentive Unit/Program, by their employees.

CDOC committed these violations through the actions of their employees. Unknown or Unnamed Jane or John Does committed these violations of the ADA and Deliberate Indifference to a Serious Medical Need, repeatedly, in order to remove Plaintiff from the Incentive Program.

Between approximately August 2024 and October 2024, multiple unknown or unnamed CDOC employees collaborated to "Negatively Chron" (Chronological Reports) Plaintiff out of the Incentive unit CH#7 at FCF, for "Failing to Stand for Count," on October 29, 2024. Plaintiff has qualifying disabilities that do not easily allow him to just stand at any given time. Plaintiff has been using a wheelchair to get around for many years prior to this incident. The day after Plaintiff was removed from the Incentive Unit, October 30, 2024, Plaintiff was given an absolutely "NO Standing" restriction, by FCF Medical Provider Barbara Franklin, his Provider at that time, due to the Chronic Compression Fractured Vertebrae (See: attached "Other Actions/Procedures" form dated 11/13/24, as well as X-Ray report dated 6/18/24 and MRI report dated 9/9/24). Plaintiff is now permanently in a wheelchair. Further, Plaintiff cannot hear many announcements as he is Hearing Impaired in both ears.

Plaintiff has received a copy of his negative "Chrons," from August 2024 to October 2024, from Attorney Aurora Randolph, that she printed out on August 5, 2025, and sent to him. Sadly, not all of them have the names of the employees who wrote them?

The actions of these CDOC employees were discriminatory to the Plaintiff in violation of the ADA Titles II & III at that time, and continue to be discriminatory against him to this day. They were also Deliberately Indifferent to the Plaintiff's serious medical needs, because they are not visible handicaps.

On December 10, 2024, the decision to remove Plaintiff from Incentive by the ICC (Internal Classification Committee) board, was **reversed** by the Associate Warden Malebranche

and others (See: Attached Appeal Form document and response). Yet, to date, Plaintiff has not been restored to Incentive Status, nor were any of the wrongfully confiscated property items returned to him, that were confiscated from him upon his removal from the Incentive Unit.

Plaintiff has timely exhausted all available Administrative Remedies at CDOC/FCF, as demonstrated by the attached grievances. Their conduct was deliberately Indifferent, by granting inadequate relief on his grievances. They (CDOC/FCF) have failed to provide an adequate post deprivation remedy, for the loss of property. As well as their cruel and unusual punishment, for a wrong that the Plaintiff had never done, yet he has had to endure, in violation of the ADA. There is no qualified immunity for anyone violating the ADA.

D. STATEMENT OF CLAIM(S)

CLAIM TWO: Discrimination in Violation of the ADA Titles II & III; ADA Housing Discrimination

Claim two is asserted against these Defendant(s): Colorado Department of Corrections (CDOC)

Supporting facts: The Plaintiff is a qualified individual under the ADA with qualifying disabilities. Plaintiff is Mobility and Hearing Impaired.

Defendant CDOC is a public entity that are denying Plaintiff's rights under the ADA, by unknown or unnamed CDOC employees.

Plaintiff has been denied access to the Incentive Program, by CDOC staff members, solely based on the fact that he is handicapped and in a wheelchair, in violation of the ADA, Titles II & III.

The Americans with Disabilities Act (ADA) says that it was meant to: **"... establish a clear and comprehensive prohibition of discrimination on the basis of disability."** By denying Plaintiff (and others) Incentive Status, based solely on the fact that he is handicapped and in a wheelchair, simply and clearly violates this established law/Act.

This is not rational to discriminate on the basis of the Plaintiff's handicap. Per USC §12132. Discrimination. States: **"Subject to the provisions of this title, no qualified individual with a disability shall, by reason of such disability, be exclude from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected**

to discrimination by any such entity."

Plaintiff has timely exhausted all available Administrative Remedies at CDOC/FCF, as demonstrated by the attached grievances. The Defendants were discriminatory to the Plaintiff's housing assignment, in violation of the Plaintiff's rights under the ADA. There is no qualified immunity for anyone for violation of the ADA.

E. PREVIOUS LAWSUITS

Have you ever filed a lawsuit, other than this lawsuit, in any federal or state court while you were incarcerated? _X_ Yes ___ 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): Aristedes Zavaras

Docket number and court: 09-cv-00266-BNB

Claims raised: Censorship of reading materials

Disposition: (is the case still pending? has it been dismissed?; was relief granted?) Dismissed; No

Reasons for dismissal, if dismissed: Summary Judgment

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."

Plaintiff is requesting the $650.00 compensatory damages for the wrongfully confiscated property that he had purchased for his use while in Incentive, that has not been returned to him, plus additional adjusted costs for inflation.

Plaintiff is requesting that he be awarded declatroy relief declaring that the acts and omissions of the Defendants violated Plaintiff's rights, $1.00 in nominal damages, $100,000.00, or a dollar amount to be determined by the trier of facts, for the mental and emotional injury, punitive damages, abuse, aggravations, agony, discrimination, pain, suffering, and loss of sleep that he has been put through for these many months since he was wrongfully terminated and removed from Incentive Status.

Plaintiff is requesting for a, "Change of Policies," in the Chron System. **Or, to do away with it entirely**. Because, it should not be something that could be capable of being weaponized like they did, so that no one else has to endure the issues and problems that the Plaintiff has been put through.

Plaintiff is requesting Injunctive Relief, in the form of a Permanent Restraining Order, for protection from being moved from this facility, and assurance of protection from the malicious acts of the CDOC employees who chroned him out of the Incentive Unit, or any other retaliation. Also, from all other employees within CDOC, to never discriminate against handicapped or disabled inmates, for any reason. Make ADA wheelchair accessible cells available in Incentive Units. Including making CDOC install the Caption Phones that should be within all units. And/or, make the only wheelchair accessible cell-house, FCF/CH#4, an Incentive Unit, or at least half of it. And, restore Plaintiff back to his original status, with all of the property that he had purchased.

Plus all court costs and related 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.

Glenn Davis
(Plaintiff's signature)

September 9, 2025
(Date)

(Revised November 2022)

CERTIFICATE OF MAILING

I hereby certify that a copy of the foregoing pleading/document was mailed or emailed to:

Jeffery P. Colwell, Clerk, Alfred A. Arraj United States Courthouse, United States District Court at 901 19th Street, Room A-105, Denver, CO. 80294-3589 on September 9, 2025

Plaintiff's Original Signature:

Glenn T. Davis

Glenn T. Davis, DOC #123974
FCF/CH#4C15
P.O. Box 999
Cañon City, CO. 81215-0999

COLORADO DEPARTMENT OF CORRECTIONS
LEGAL ACCESS PROGRAM

REQUEST FOR PRISONER ELECTRONIC SCANNING (PEF) | COVER PAGE

INCOMPLETE FORMS WILL BE DENIED. TODAY'S DATE SEPT. 10, 2025

LAST NAME DAVIS FIRST INITIAL G DOC# 123974

FACILITY: FCF HOUSING UNIT CH# 4C TIER: 1 CELL: 15

STATE THE TYPE OF DOCUMENT BEING SENT:

42 USC §1983 INITIAL **COMPLAINT** (FORM=6 PGS.) TOTAL PGS. BEING SENT: _____

28 USC §1915 **INFORMA PAUPERIS 1983 COMPLAINT** (FORM=4 PGS) TOTAL PGS. BEING SENT: _____

28 USC §2241 **APPLICATION FOR A WRIT OF HABEAS CORPUS** (FORM=4PGS) TOTAL PGS. BEING SENT: _____

28 USC §2254 **APPLICATION FOR A WRIT OF HABEAS CORPUS** (FORM=6PGS) TOTAL PGS. BEING SENT: _____

28 USC §2255 **APPLICATION FOR A WRIT OF HABEAS CORPUS** (FORM=5 PGS) TOTAL PGS. BEING SENT: _____

28 USC §1915 **INFORMA PAUPERIS FOR HABEAS** (FORM=2PGS) TOTAL PGS. BEING SENT: _____

X Other, please list document(s) here with page number for each document:
THIRD AMENDED PRISONER COMPLAINT 11 Pgs

OFFENDER MUST PROVIDE COURT ORDER TO CURE DEFICIENCIES TO LEGAL ASSISTANT

X CHECK HERE IF THIS IS AN AMENDED COMPLAINT

X CHECK HERE IF THIS IS IN RESPONSE TO CURE DEFICIENCY

OFFENDER SIGNATURE [signature]
(Sign on this line)

DO NOT WRITE BELOW THIS LINE

Date Request Received: SEP 10 2025 Facility Law Library FCF Legal Assistant's Initials [initials]

TOTAL PAGES WITH THIS FAX, INCLUDING THIS COVER PAGE 12 pgs

Your request has been **DENIED:** _____ **in whole** _____ **in part for the following reason(s):**

- Your request form was not properly completed (Missing required signature, last name, first initial, full cell location, facility, unit, tier, cell, DOC #, date, etc.)
- The material you have submitted does not meet program definitions of legal material, as described in AR 750-01
- Your PEF request exceeds the page limit established by the Legal Access Program (see attached). Also see posted PEF policies.
- You have not submitted the documents to be scanned
- The Legal Access Program will not allow scanning/transmission of ARs, IAs, OMs, case law, statutes, court rules, session laws, or material contained in the law libraries even as attachments/exhibits (Exception for non-published case law to be attached to a pleading.)
- The Legal Access Program will not allow scanning/transmission of transcripts, electronic or paper media, including but not limited to transcripts, court records, and discovery from courts or attorneys, incomplete documents, altered documents, and/or blank forms.
- The Legal Access Program will not allow scanning/transmission of non-original documents, previously copied/scanned documents, incoming correspondence, or documents (account statements, inmittimus, etc.), grievances, COPD appeals, except as exhibits attached to an original pleading being filed with the court. Your pleading must include a statement referring to the attached exhibits in order for them to be scanned/transmitted.
- The Legal Access Program will not allow scanning/transmission of documents which have any substance on them (such as dirt, food, coffee, hair, bodily secretions, white tape, toothpaste, etc.)
- Documents containing UCC/Sovereign citizen statements or signatures will not be allowed to be scanned/transmitted.
- You may have your request mis-/duplicating and resubmit

Other: _____

METER READ _____ MINUS (-) METER READ _____ = TOTAL TO BE ADMIN/COPIED _____