



# NEW YORK STATE UNIFIED COURT SYSTEM

## OFFICE *of the* INSPECTOR GENERAL

### COMPLAINT FORM

Please complete this form to file a general complaint with the Inspector General's Office. Following receipt of your complaint, you will be contacted by a member of our staff responsible for investigating your complaint.

#### Your Information:

Name		How Would You Like To Be Addressed? (Ms., Mr. or Other)	
Elena Sassower/Center for Judicial Accountability, Inc.		Ms.	
Mailing Address			
Box 8101			
City		State	ZIP
White Plains		New York	10602
Home Phone	Cell Phone	Work Phone	E-mail
	646-220-7987	914-421-1200	elena@judgewatch.org

#### Information About Complaint:

Name of Subject of Complaint			
AD-4 Clerk, Deputy Clerk, & Principal Appellate Attorney, AD-4 Attorneys for the Children Program Director & Deputy			
Address			
City		State	ZIP
Home Phone	Cell Phone	Work Phone	E-mail

Is the Subject a Court Employee?  Yes  No

If "Yes":

Where is the Subject Assigned	Title of Employee
Appellate Division, 4th Department	

Location of Complaint	Court	County
	Appellate Division, 4th Dept.	Monroe

#### Please Provide Information About Your Complaint

See accompanying 30-page complaint, attested to be true under penalties of prosecution under NY's penal laws -- also accessible from CJA's webpage for the complaint:

<https://www.judgewatch.org/web-pages/searching-nys/cjc/complaint-oct-25-23.htm> .

I authorize the New York State Unified Court System's Office of the Inspector General to use my name in investigating this claim.

Signature 

Date October 25, 2023

Please attach any additional information you may have about the claim and mail, fax or email this form or a copy to:

**Office of the Inspector General**  
**Office of Court Administration**  
**25 Beaver Street**  
**New York, NY 10004**  
**Phone: 646-386-3500 or Fax: 212-514-7158**  
**E-Mail: [ig@nycourts.gov](mailto:ig@nycourts.gov)**