

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 Informat	ion:				
Name Elena Sassower			How Would You Like To Be Addressed? (Ms., Mr. or Other) MS.		
city White Plains			State New York		ZIP 10603
Home Phone	Cell Phone 646-220-7987	Work Phone 914-421-1200	E-mail elena@ju	dgewatch.org	
Information A	bout Complaint:			1	
Name of Subject of Co Catherine Sherida	mplaint -				
Address 150 Motor Parkwa	ay, Suite 102				
City			State		ZIP
Hauppauge	uppauge		New York		11788
Home Phone	Cell Phone	Work Phone 631-231-3775	E-mail ad2-grv1(0@nycourts.go	ov
Is the Subject a C	Court Employee? Yes	s 🗆 No			
If "Yes":					
Where is the Subject Assigned Attorney Grievance Committee for the 10th Judicial District			Title of Employee Chief Counsel		
Location of Complaint 2nd Dept. Grievance Committee		Court Appellate Division, 2	2nd Dept	County Suffolk	
Chief Counsel Sh November 9, 202 conflict-of-interes Spatz is an indica Grievance Comm	•	conduct complaint a against Chair Doria y, simultaneous witl ı. I will now e-mail i	against her also n Glover to whic n my e-mailing it to	encompassing the Unified Cou the members	g a rt System Inspector General s of the 10th Judicial District

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 10, 202/

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

25 Beaver Street New York, NY 10004

Phone: 646-386-3500 or Fax: 212-514-7158

E-Mail: ig@nycourts.gov