

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.

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|--|----------------------------|----------------------------|---|------------------|-------------------|
| Your Information: Name Elena Sassower | | | How Would You Like To Be Addressed? (Ms., Mr. or Other) Ms. | | |
| Mailing Address 10 Stewart Place, Apt | . 2D-E | | | | |
| City White Plains | | State New York | | ZIP 10603 | |
| Home Phone | Cell Phone 646-220-7987 | Work Phone 914-421-1200 | elena@judgewatch.org | | |
| Information About Name of Subject of Complain Monica Duffy, Esq. | • | | | | |
| Address 286 Washington Avenue Extension, Suite 200 | | | | | |
| city Albany | | | State New York | | zip 12203-6320 |
| Home Phone | Cell Phone | Work Phone 518-285-8350 | E-mail ad3agc@ny | ycourts.gov | |
| Is the Subject a Court Employee? ■ Yes □ No | | | | | |
| If "Yes": Where is the Subject Assigned Appellate Division 3rd Dept Attorney Grievance Committee | | | Title of Employee Chief Attorney | | |
| Location of Complaint Court 3rd Dept. Grievance Committee Appellate Division, 3 | | Brd Dept. | County Albany | | |
| Please Provide Information About Your Complaint Chief Attorney Duffy is corrupting her office. As of this date, more than 4-1/2 months after filing with the Appellate Division, Third Dept Attorney Grievance Committee the completed complaint forms and specificity she required in support of a FULLY-DOCUMENTED February 11, 2021 conflict-of-interest/misconduct complaint against 4 attorneys of the NYS Attorney General's Office, I have yet to receive the numbers assigned to the complaint, or their responses for reply, or any investigative follow-up. The complaint, completed forms, & my subsequent inquiring e-mails are posted here: www.judgewatch.org/web-pages/searching-nys/attorney-discipline/feb-11-21-complaint-3rd-dept.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

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Jugust 27, 2021

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