

Commission on Prosecutorial Conduct Complaint Form

Fill out the required fields to file a complaint with the New York State Commission on Prosecutorial Conduct.

***indicates a required field**

Contact Information

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Complaint Information

Prosecutor's Name*

Prosecutor's County*

Albany County

Allegany County

Bronx County

Broome County

Cattaraugus County

Cayuga County

Chautauqua County

Chemung County

- Chenango County
- Clinton County
- Columbia County
- Cortland County
- Delaware County
- Dutchess County
- Erie County
- Essex County
- Franklin County
- Fulton County
- Genesee County
- Greene County
- Hamilton County
- Herkimer County
- Jefferson County
- Kings County (Brooklyn)
- Lewis County
- Livingston County
- Madison County
- Monroe County
- Montgomery County
- Nassau County
- New York County (Manhattan)
- Niagara County
- Oneida County
- Onondaga County
- Ontario County
- Orange County
- Orleans County
- Oswego County
- Otsego County
- Putnam County
- Queens County

- Rensselaer County
- Richmond County (Staten Island)
- Rockland County
- Saint Lawrence County
- Saratoga County
- Schenectady County
- Schoharie County
- Schuyler County
- Seneca County
- Steuben County
- Suffolk County
- Sullivan County
- Tioga County
- Tompkins County
- Ulster County
- Warren County
- Washington County
- Wayne County
- Westchester County
- Wyoming County
- Yates County

Does the alleged misconduct relate to a criminal case?* (If no, please skip to Summary of Complaint section.)

- Yes
- No

Are you the defendant in this matter?*

- Yes
- No

What is the date(s) of charged crime(s)?*

What are the charges?*

What is the case number?*

Is this case still pending?* (If no, please skip to “What was the outcome?”)

Yes

No

Is the trial scheduled?*

Yes

No

What is the date?*

When is the next court appearance?*

What was the outcome?*

Found guilty after trial

Found not guilty after trial

Guilty Plea

Dismissed

Is there an appeal pending?*

Yes

No

Is there any other case related litigation (e.g. civil lawsuit)?*

Yes

No

Do you/did you have an attorney in this matter?*

Yes

No

If yes, Attorney information:

First Name*: _____

Last Name*: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Summary of Complaint*

Please describe the alleged misconduct. Please provide as much detail as possible, including, but not limited to (summary of complaint may be submitted as an attachment):

- **What happened**
- **When the alleged misconduct happened**
- **Any individuals who have personal knowledge of what occurred**

Have you reported the alleged misconduct to an Attorney Grievance Committee?* (If no, please skip to “Have you reported the alleged misconduct to any other State agency?”)

Yes

No

What is the date of reporting?*

Did you receive a response?*

Yes

No

What was the response?*

Have you reported the alleged misconduct to any other State agency?*

Yes

No

What is the date of reporting?*

Did you receive a response?*

Yes

No

What was the response?*

Please provide any materials that are relevant to your complaint and submit with the completed form.

Judiciary Law 499-f requires that complaints be signed and in writing.*

Signature: _____ Date: _____

Mail to: Commission on Prosecutorial Conduct, Attn: Susan Friedman, P.O. Box 90398,
Brooklyn, NY 11209