



State of New York
Supreme Court, Appellate Division
Third Judicial Department
Attorney Grievance Committee
286 Washington Avenue Extension, Suite 200
Albany, NY 12203-6320
<http://www.nycourts.gov/ad3/agc>

Mark S. Gorgos, Esq.
Committee Chair

Phone: (518) 285-8350
Fax: (518) 453-4643
Email: ad3agc@nycourts.gov
(Service by email/facsimile is accepted/preferred)
CONFIDENTIAL

Monica A. Duffy
Chief Attorney

March 9, 2021

Elena R. Sassower
10 Stewart Place, Apt. 2D-E
White Plains, NY 10603

Re: Correspondence Concerning Attorneys

Dear Ms. Sassower:

This will acknowledge receipt of your correspondence dated February 11, 2021, regarding attorneys.

Please be advised that our confidentiality rules require a separate complaint concerning each individual attorney, rather than a joint complaint concerning several attorneys. Moreover, your individual complaint letters must explain in detail the alleged improper conduct engaged in by that particular attorney.

Based upon the foregoing, we will take no further action with respect to your correspondence dated October 19, 2020, and our file will be closed. However, if you choose to send us separate complaints, this matter will be reviewed at that time.

Sincerely,

Monica A. Duffy
Chief Attorney
MAD/cma

Enclosure (complaint forms and instructions)



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**INSTRUCTIONS FOR FILING A COMPLAINT FOR
PROFESSIONAL MISCONDUCT AGAINST AN ATTORNEY**

Thank you for contacting the Attorney Grievance Committee for the Third Judicial Department. Attached hereto is a Complaint Form. Please review the information set forth below prior to filing a complaint.

Prior to Drafting a Complaint

Making a complaint against an attorney is a very serious matter. Before taking that step it is often wise for the complainant to first, communicate with the attorney, preferably in writing, in an attempt to mutually work out a solution to existing problems or disputes, or pursue alternative methods of settling attorney-client disputes, if available. Once a complaint is filed, it cannot be withdrawn.

If a person believes that an attorney has engaged in professional misconduct, he or she may file a complaint against the attorney. The Committee's authority is to review complaints and determine if an attorney has engaged in professional misconduct in violation of the New York State Rules of Professional Conduct (22 NYCRR Part 1200). The Committee has limited authority to discipline attorneys for rude behavior, attorney-client disagreements, or the belief that an attorney did a poor job in representing a client.

Drafting a Complaint

Please fill out the Complaint Form as legibly as possible, preferably in type set form, setting forth a clear and concise statement of facts outlining the circumstances of the alleged professional misconduct. If available, provide copies of any documents, including retainer agreements, bills and other written evidence that support the allegations. Please do not provide original supporting documents as they will not be returned. If applicable, include the names, addresses, and contact numbers for any witnesses who can support the allegations. You may submit additional pages to the Complaint Form if required. Should you prefer, you may attach a typed letter and/or explanation to the Complaint Form. Separate Complaint Forms must be filed if multiple attorneys are involved.

Filing the Complaint

Return the Complaint Form to the Committee's office at the address set forth above with your **original signature** affixed thereon, together with any supporting documentation. Please be advised that a Complaint Form submitted without an original or illegible signature will not be accepted and will be returned. **Please allow sixty days for the receipt and acknowledgement of your complaint.**

***Additional information, including an Overview of the Attorney Disciplinary Process, and a fillable Complaint Form, can be found on the Committee's webpage listed above.**

Should you have questions, please e-mail the Investigative Unit at AD3-AGC-IU@nycourts.gov. Please be advised that the Committee is prohibited from providing any legal advice or assisting you with pursuing any legal claim which you may have against an attorney, including a claim for legal fees. If you need legal advice and/or wish to pursue a claim, we suggest you consult with a lawyer of your own choosing.

COMPLAINT FORM

TO: Attorney Grievance Committee
Third Judicial Department
286 Washington Avenue Extension, Suite 200
Albany, NY 12203-6320

Complainant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

(IF MORE THAN ONE ATTORNEY IS INVOLVED, FILE A SEPARATE COMPLAINT FORM FOR EACH)

Attorney's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ Email: _____

1. Have you filed a complaint concerning this matter with another attorney grievance committee, state attorney general's office or any other agency? Yes (☐) No (☐)

If yes, please provide:

Name of Agency: _____

Action Taken by Agency: _____

2. Have you brought a civil action against this attorney? Yes (☐) No (☐)

If yes, please provide:

Name of Court: _____

Result: _____

3. Are you represented by an attorney? Yes (☐) No (☐)

If yes, please provide:

Attorney's name: _____

Office Phone: (____) _____

4. Are you an attorney? Yes (☐) No (☐)

(Below and/or on other additional sheets of paper, please provide an explanation of the legal services the attorney agreed to provide and an explanation of the specific conduct of the attorney that you believe was improper. Please include important dates and attach copies of any relevant documentation, including copies of retainer agreements and copies of letters, which will support your allegations against the attorney or the firm and which will help us to understand your complaint.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(SIGN YOUR FULL NAME)

(DATE)

*****IMPORTANT*****

THE COMMITTEE WILL **NOT** ACCEPT EMAILED OR FAXED COMPLAINT FORMS.

AN ORIGINAL SIGNATURE IS REQUIRED.

PLEASE DO **NOT** SEND ORIGINAL DOCUMENTS.

SEND **COPIES** OF ORIGINAL DOCUMENTS.

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Street Address: _____

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Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ Email: _____

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[illegible]

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(DATE)

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