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: Son Last Name: Sacale Email Address: Long Phone Number: Street Address: Zip: **Complaint Information** Prosecutor's Name* attached **Prosecutor's County*** (V) Albany County (Allegany County (i) Bronx County (1) Broome County (Cattaraugus County

(x) Cayuga County

() Chautauqua County
() Chemung County

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

(i) Rockland County (i) Rockland County		
(i)Rockland County		
(9 Rockland County		
(a) Saint Lawrence County		
(Saratoga County		
(Schenectady County		
() Schoharie County		
(i) Schuyler County		
(v) Seneca County		
(1) Steuben County		
(1) Suffolk County		
(1) Sullivan County		
(1) Tioga County		
(v) Tompkins County		
(i) Ulster County		
(1) Warren County		
(1) Washington County		
(L) Wayne County		
(1) Westchester County		
(i) Wyoming County		
(1) Yates County		
Does the alleged misconduct relate to a criminal case?* (If no, please skip to Summary of Complaint section.)		
() Yes		
(9No .		
Are you the defendant in this matter?*		
() Yes		
() No		
What is the date(s) of charged crime(s)?*		

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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		

() 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
When the alleged misconduct happened
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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	Sattached
What is the date of reporting?*	
Did you receive a response?*	
() Yes	
() No	
What was the response?*	
Have you reported the alleged n	nisconduct to any other State agency?*
() Yes	
() No	See attached
What is the date of reporting?*	acjui. Es
	a
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: Schall 18, 2024

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