NYSCoC Complaint

ORANGE COUNTY SHERIFF'S OFFICE

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924- 6740

845-291-4033 FAX: 845-294-1590

SHERIFF CARL E. DUBOIS

KENNETH T. JONES
UNDERSHERIFF

ANTHONY J. WEED
ASSISTANT UNDERSHERIFF

DENNIS D. BARRY
CHIEF DEPUTY

ANTHONY M. MELE
CORRECTIONS ADMINISTRATOR

WWW.ORANGECOUNTYGOV.COM

MEMORANDUM

TO: Sheriff Carl E. DuBois

FROM: Captain Vincent A. DiChiaro #013 Capt. Vincent A. DiChiaro #013

DATE: May 8, 2019

RE: NYSCOC Complaint; [redacted]

I have received correspondence from the New York State Commission of Correction containing a letter of complaint written by Mr [redacted] was committed to the Facility on August 23, 2018 by the City of Newburgh charged with Burglary 2nd and Possession of Marijuana. His case was adjudicated in County Court and [redacted] was sentenced to one year; he was released from our custody on April 23, 2019.
His letter of complaint covers multiple topics, and I will describe each below.
Claim: Denied access to Mental Health Records [redacted] submitted a FOIL request for Mental Health records on September 26, 2018 and received a response on the same day. The response instructed him to contact the Department of Mental Health Jail Clinic [redacted] then submitted an incomplete request while appealing the response sent by this office. He received correspondence from the County Attorney on 10/19/18 affirming the Jail's decision. [redacted] then completed the Mental Health Departments required forms on 10/29/18 and received the items requested on 11/13/18. He also filed a Grievance on this matter [redacted] This packet is attached.
Claim: Improper Medical Care [redacted] claims that he "Suffered a heart attack" on 9/18/18 and did not receive medical attention for three days. HSA Ibellis Diaz was question about this and stated tha [redacted] complained of Non-Cardiac chest pain on 9/20/18 and was sent to Orange Regional Medical Center for evaluation on the same date. [redacted] was evaluated and returned to the facility on the same date with no findings of a cardiac issue. His medical file is available in our Medical Records Storage Area and can be produced if required.
Claim: Denied access to Medical Records. [redacted] submitted a FOIL request on 1/9/2019 for medical records. He received the items requested on 1/16/19.
Claim: Mental Health non-responsive to medication issues [redacted] refused to speak with the psychiatrist on 1/14/19 and 1/18/19 and stated to his clinician on 1/19/19 that "he didn't need to see the doctor because his meds are good"'. On 1/25/19 he presented for Medication Check and denied any adverse reactions to his medications. He again refused to see the psychiatrist on 3/12/19 and 3/15/19. On 3/16/19 he was seen by

his assigned clinician and discontinued his medication. He also filed a grievance on this matter. [redacted] This packet is attached.

Claim: Denied access to Grievance. Grievance forms are supplied when requested. The policy on Grievances is available within the housing units and explains the process. [redacted] s aware of same and has been issued grievances as requested. I have attached the Policy with this packet.

Claim: Sexual Harassment by Staff. This claim has been investigated by Captain James Potter (PREA Coordinator) and also the subject of a grievance. Both investigations determined this to be unsubstantiated. Grievance [redacted] attached.

[redacted] also attached an incomplete copy of grievance [redacted] have attached a complete copy of each to this packet. [redacted] does not mention these grievances within his missive and I have added them for an accurate historical accounting.

I find that all items within Mr. [redacted] complaint to be unsubstantiated.

NEW YORK STATE | Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

May 3, 2019

Colonel Anthony Mele
Orange County Jail
110 Wells Farm Road
Goshen, NY 10924

Re: Complaint [redacted]

Dear Superintendent Mele:

Enclosed please find a copy of a correspondence received at the Commission from Mr. [redacted] appears to be concerned about his wellbeing. Upon review of VINE, the inmate appears to be have been released from your custody. Please review and take any action you deem appropriate.

Your attention to matters of mutual concern is appreciated.

Sincerely,

Paul D. Annetts

Paul D. Annetts

Correctional Facility Specialist II

cc: enclosure

Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

D.C.

(1)

Hello, 2-25-19

My name is [redacted] I am currently in (O.C.J) Orange County Correctional Facility. I arrived here on 8-23-18.

I was sentenced to serve 1yr in OCJ While here before I was sentenced & convicted I requested my M/H records by F.O.I. around Sept-8-18 for evidence in my defense at trial. On 10-10-18 I was granted accsess to my Records. I also was sceduled for court 10-16-18. Orange County Mental Health Dpt (India Shack) Principal Clerk denied me the right to receive my own M/H records in a timely manner in violation of my 8th, 6th, 5th, 4th, 14th amend rights which caused a hinderance & distraction & liability in my defense. I suffer M/H illness, PTSD, Schizophrenia, Anxiety, ADHD, Maniac Depression, and others not mentioned, and which I take medication for & depend on to function properly! O.C. M/H withheld my M/H records for over a month! It isn't right that I suffer for a Departments misconduct. If I would have received my legal info on time I could have built a stronger defense in which could of altered my judgement in court. At court I explained to Judge Brown

that I suffer M/H illness inwhich I need the proper & correct treatment my diagnosis requires. I can not receive proper care or treatment in jail & that it is causing me extreme pain & suffering. I am extremely anxious & severlly depressed I have lost weight from loss of appetite, I cant receive correct help in OCJ and I am emotionally distressed.

Also prior my senteceing I suffered a heart attack on 9-18-18 in C-1 down 14 cell where at O.C.J. No one responded for 3 days. No one came to me with a wheel chair to take me to medical, I feel several times in my cell from dizziness I almost died! I was finally rushed to the Hospital after they made me walk to medical.

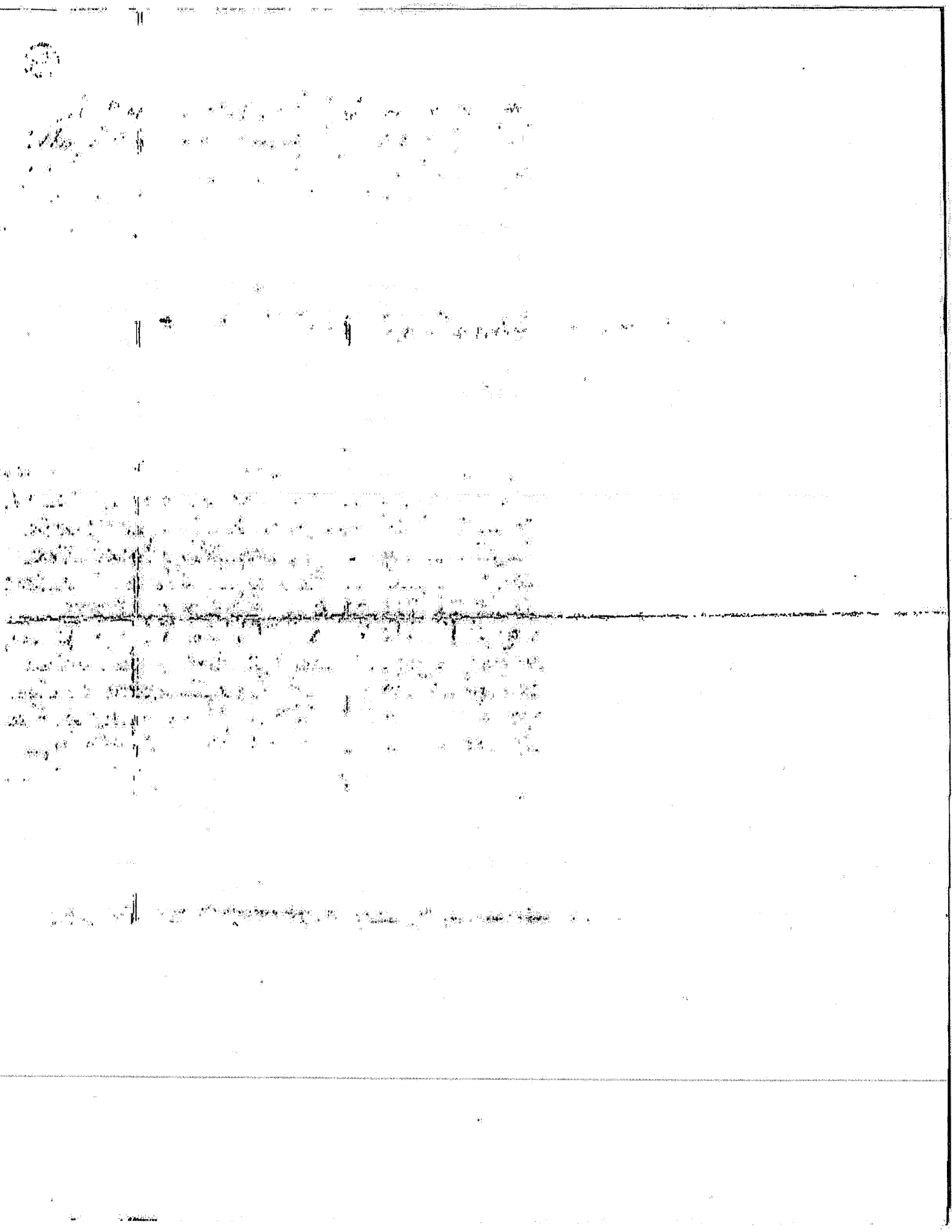
After I was realeed from next ORMC OCJ/MD did not house me in medical unit for 24 hr evaluation nor did they give me a Holster Monitor! They placed me back in General Population!!

I am currently in fear for my life here at OCJ!

Later I then requested for my Medical Records by F.O.I.A on 1-3-19 MD also denied me access & my right to receive my own records which caused another hinderance and

liability in my defense at trial. OCJ/MD violated my 14th, 8th Const. Amend. rights as a U.S citezin!. I filed a grievance on both M/H Dpt & MD, grievance was denied again.

I am currently takeing generic Rx here at OCJ for PTSD, Anxiety, MMD, ADHD, Schizophrenia, I explained to M/H it makes me very sick. No one has done nothing. I began takeing **Vistaril** & **Colonidine** & Praxit on 9-4-18 for several months now. I recently discovered sometime after my heart attack on 9-18-18 that Vistaril is not to be taken with other certain meds like **Colondine** (heart rythm medication) or antidepresents, because it cause serious heart problems! Dr. Sandria Antaniak & Dr. Palmares insisted I continue the medications. It clearly states that **Vistiral** should **Not** be used more then 4 months & that it's for short term use **ONLY**! I am afraid I will die in my sleep from cardiac arrest! It is causeing serious problems for me. I am indigent without much family support. So im very vulnarable here at OCJ & gives the Employees here the advantage of forceing us to beg for Grievance forms which is not available on our houseing units (By law they should be!) O.C.J. is withholding Grievances from us and



mistreating us & violateing me & my U.S citizen rights. This isn't right at all!

I have actual evidence of everything I've mentioned including evidence of my mail being illegally opened & altered before and after it's sent out! or in here.

I believe given the evidence I have that O.C.J is violateing Federal Law by intercepting & opening & withholding my mail.

I have filed a Lawsuit against this facilities mistreatment & Sexual Harrassement no one helped me with, I even filed a Grievance in which they denied, they also placed the officer who violated me back on the Sam Unit I live, after I filed a grievance against (C.O Griffin 415#) him in fear for my safety! Again I have evidence, substantial evidence of every single thing I mentioned. I am also afraid O.C.J will set me up or frame me before my release 4-22-19 in efforts to cover there misconduct. Please help me ASAP! Please come investigate this matter. Thank You

[redacted]

[redacted]

VINCENT J. CZUBAK
Notary Public, State of New York
No. 01CZ6102072
Qualified in Sullivan County
Commission Expires November 24, 2019

Vincent Czubak

New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)

INMATE COPY

Facility: Orange County Jail Housing Location: [redacted]

Name of Inmate [redacted] Grievance #: [redacted]

Brief Description of the Grievance *(Submitted by the grievant within 5 days of occurrence)* I grieving C.O Griffin for violating m
Number of Sheets Attached (1) inmate rights of O.C.C.F Pg. 2 # 4). in Also
I am filing this Grievance against C.O Griffin 415 for Discrimination, Sexaul harrassement, Insubordination, filing a false report in which (O.C.C.F Statement of Confinement Form) On 1/20/19 I was urinateing around 8:00 a.m C.O Griffin peeked threw my unblocked cell door window at my penis while I was useing the toilet →

Action requested by the grievant *(Submitted by the grievant within 5 days of occurrence)*: That I be released of cell confineme
Number of Additional Sheets Attached (1) and write up 1/20/19 be dismissed ... also to speak to Administrator.
I ask that this Grievance is thourghly reveiwed & investigated, I ask that I recieve a copy of this Grievance after it's signed and completed in a timely manner by policy. I ask that I not be retaliated against in anyway for my statements regardings sexaul harrsment of C.O Griffin 415. I ask that if this Grievance is denied in anyway that it be directe in a way that I can address it in another

Grievant Signature: [redacted] Date/Time Submitted: 1/22/19

Receiving Staff Signature: 137 Date/Time Received: 1/22/19 @ 1:20 PM

Investigation Completed by: 137 Date Completed: 1/29/19

Decision of the Grievance Coordinator Number of Sheets Attached ( )
Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-Grievable Issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☑ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Your Grievance has been Investigated & All claims have been investigated. Your grievance has been unsubstantiated.

Signature of the Grievance Coordinator: 134 Date: 1/29/19

re refused & then returned with an I.A sheet asked me to sign a 6hr I.A I asked why? he stated I block his veiw into my cell window I told him I didn't violate any rules & I want to speak to a Sgt, He insisted I sign the I.A sheet I refused because I was inocent he then kicked my door, & said I'll regret my actions, I then told him he makes me uncomfortable & I asked him to stop harrassing and intaganizing me by psycologically trying to intimedate me into signing a 6hr I.A I dont deserve. It clearly states in the O.C.C.F Rules & regulation hand book on Pg 2. #4. I did not violate A2-3 on pg 29 of the O.C.C.F hand book. Which states "Hanging anything on the cell door window that blocks the officers veiw into the cell". If C.O Griffin claims I violated this infractio how possibly did he "see" "something" covering my cell light at 8:00 A.M? If my cell window on the door was blocking veiw into my cell!? Thats a contridiction

He discrimanated against me when infact other inmates did actually violate infraction A2-3 in G1 dorm (1-20-19) & he did nothing to them. I am being confined in my cell, restricted from privileges of phone, Lawlibra, ect, accessess in which I need to defend myself in my case! Im in jail for, this has caused another hinderance & liability in my defense I dont understand Violation of my Constitution rights isn't fair & equal justice or treatm evidence of everything I've stated is obtainable & sufficient. There is no reason I am being segregated & denied my rights. This incedent has caused great anxiety, I suffer M/H illness & it was difficult for me to speak up about what C.O Griffin has been doing to me. Sexual harrassement in the work place is an epidremic in the U.S today & Inmates are no diffrent we have rights & It's my right to stand up & speak up regardless the "consequences". I respectfully ask to be take off cell restriction in light of my evidence presented in this grievance. I have made 4 copies of this grievance for future refrence, I will also F.o.i.l All disciplinary history forms and Grievances. M/H has been notified of his grievance aswell.

(INMATE RIGHTS) of the O.C.C.F Rules. States on Pg. 2-#4. that "No inmate will be disciplined except for a violation of a published and posted written rule or regulation".

I am currently in cell confinement for an infraction I did not violate, A2-3 of Pg 29 of O.C.C.F Rules.

And this hinderance is causeing a distraction & defect In my defense on my case for court, which is a violation of my Constitutional Amendment Rights as an equal Citizen of the U.S.

INMATE COPY

New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)

Facility: Orange County Jail Housing Loca[redacted]

Name of Inmate: [redacted] Grievance #: [redacted]

Brief Description of the Grievance *(Submitted by the grievant within 5 days of occurrence)* I received this Grievance
Number of Sheets Attached (1) on 2-19-19 at 2:25 from Sgt. Hernandez
I am filing this Grievance for Discrimination & Unfair/Unequal treatment by showing favoratism. I was sentenced 1-29-19 I have requested to be Trustee for several weeks! No response from C.O Edwards. Capt Potter told me that he was told that I have a No-contact against an Employee who doesn't WORK here! that left 3 yrs ago! I am eligable to be Trustee. This problem is an —

Action requested by the grievant *(Submitted by the grievant within 5 days of occurrence)*: I ask that this grievance
Number of Additional Sheets Attached ( ) is returned within 5 days as stated below.....
Also I ask that I receive a copy of this grievance after it has been reviewed & completed in a timely manner. I ask that this matter be thourghly investigated. I ask that I be housed in A-1 just as the other sentenced inmates. I deserve fair & equal treatment discrimination is prohibited. My last Grievance wasn't returned in time. I ask that it is.

Grievant Signature: Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures; Date/Time Submitted: 2-22-19

Receiving Staff Signature: Date/Time Received: 2-24-19

Investigation Completed by: Date Completed:

Decision of the Grievance Coordinator Number of Sheets Attached ( )
Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-Grievable Issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Signature of the Grievance Coordinator: Date:

unacassary

Ongoing issue. I am Sentenced, being housed amongst Detainess in who are awaiting Sentenceing is a hazard & jeprodizes my situation of going home early for many reasons, Jealousy being one of many inwhich conflict may arise resulting in altercation causeing my good-times to be taken away! uneccassary problems are occuring & I am trying to avoid them the best I can. I want to be Moved. I would like to be Trustee.

Publicofficers Law Section reveal criminal investigative techniques or procedures except routine techniques and procedures.

It States in the O.C.C.F rules that No one will be shown favoratism. I deserve fair & equal treatment. I Know of several Inmates who went to trustee imediately after being sentenced. No medical physicals, No background checks. And I have proof!. Cameras & Computer files dont lie.

* Why has O.C.J allowed an Escape Risk inmate! to be Trustee?! (Yes he was caught with a Cell phone!) Why is he Currently a Trustee? yet I have been denied because of a erroneous claim of a No-contact aganist a ghost! (Absent Employee) Cameras & Computer files dont lie as people do. This & everything I have mentioned is fact & substantial! If an Escape risk inmate can be trustee after being caught with a Cellular device! why can't I? [redacted] And just in case for some reason my Grievance is denied due to unsubstanial reasons, I explained this to Sgt Pascal, Sgt Woodardk, Sgt Comdly, Lt Zippolo, C.O Crittole, C.O Ryan, C.O Dasgar, Sgt Platt, C.O Letterman, Sgt. Hernandez & several others. I also have copies of my letters regarding this matter. I have also made copies of this Grievance.

Discrimenation is prohibited I understand Trustee Status is privledged but that doesn't make it ok or acceptable to show favoratism & Discrimination! Not one officer has told me a legitament reason why I am still not housed properly (Trustee) given my situation of being sentenced & housed with detainees inwhich can cause conflict from jealousy. I don't feel safe! Need housed with Inmates of my Status! (Sentenced).

I ask that this problem be solved A.S.A.P!

I will be contacting my Lawyer also, Albany & Sheriffs Office. They each will receive a copy of this Grievance.

Thanks

[redacted]

New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)

Facility: Orange County Jail

Housing Location: [redacted]

Name of Inmate: [redacted]

Grievance #: [redacted]

Brief Description of the Grievance *(Submitted by the grievant within 5 days of occurrence)*
Number of Sheets Attached (1)

I am fileing this Grievance against OCJ M/H Dpt for withholding Legal Documents of M/H Records from F.O.I.L. in violation of my 8th amend. of Constitutional Rights, which by doing so caused a hinderance in my defense (Case). My Legal Records were denied to me after I was granted accsess to them By F.O.I.L. because Im Indigent! F.O.I.L. granted me Accsess to M/H records 10/10/18 M/H withheld my Records over a month. Nov. 14, 18 I finally received Legal Records →

Action requested by the grievant *(Submitted by the grievant within 5 days of occurrence)*:
Number of Additional Sheets Attached ( )

I Need a Copy of this Grievance after it has been submitted & reviewed; Signed
I ask that I not be retaliated against by those I have Grieved or Others.
I ask that these matters I have Grieved be Thouroughly investigated.
I also request this Grievance be heard & returned in a timely manner by polic

Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

Grievant Signature: _____ Date/Time Submitted: 11/16/18 1:50

Receiving Staff Signature: _____ Date/Time Received: 11-16-18 C072

Investigation Completed by: _____ 137 Date Completed: 11/19/18

Decision of the Grievance Coordinator
Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

Number of Sheets Attached ( )

- [x] Non-Grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- [ ] Grievance Accepted
- [ ] Grievance Denied on Merits
- [ ] Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- [ ] Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

This Grievance has been Reviewed & this is outside the Authority of the chief administrative officer.

Signature of the Grievance Coordinator: _____ 137 Date: 11/19/18

New York State Commission of Correction
Inmate Grievance Form Part II

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION

Grievant's Appeal to the Chief Administrative Officer
Must submit within two business days of receipt of the Grievance Coordinator's written decision
I have read the above decision of the Grievance Coordinator and
( ) I agree to accept the decision
( ) I am appealing to the Chief Administrative Officer

Grievant Signature:_____ Date:_____

Decision of the Chief Administrative Officer: Number of Sheets Attached ( )
Shall be issued within five business days after receipt of appeal and provided to grievant

☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
☐ Grievance Denied on Merits
☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

_____

_____

_____

_____

_____

Signature of the Chief Administrative Officer:_____ Date:_____

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and
( ) I agree to accept the decision
( ) I am appealing to the Citizen's Policy and Complaint Review Council

Grievant Signature:_____ Date:_____

Submission to the Citizen's Policy and Complaint Review Council

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY

NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL.

I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.

Signature of the Grievance Coordinator:_____ Date:_____

Officer's Report

Date of Report: 11/14/18 **Time Report Written:** 2130

Date of Incident: 11/14/18 **Time Incident Occurred:** 2100

Location of Incident: Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

Incident: Inmate [redacted] request for grievance.

Officer Reporting: Sgt. Louis Pascal **Shield #** 042

Narrative: Explain fully any action taken by you, any event observed, information received. Set forth names, other officers, inmates, and a detail of the information of what, who, when, where, and how. Be explicit in all information given.

On the above date and time, I was assigned as the Charlie Wing Sergeant. While on rounds, Inmate [redacted] requested a grievance against Department of Mental Health. At the beginning of September, Inmate [redacted] made a FOIL request to the Department of Mental Health requesting his mental health documents to be issued for use in his upcoming court proceedings. On 10/10/18, Inmate [redacted] was notified via letter from the Department of Mental Health that, the Dept. has received authorization to release the information, but at a cost of $0.25 per page for a total cost of $4.75. The letter stated that when they receive payment, they would send him the documents. Inmate [redacted] is listed as indigent and unable to pay. The documents were held past his court schedule making the information unavailable to assist him during his proceedings. His scheduled court date was 10/10/18. Inmate [redacted] did speak to Clinician Kathi Berry regarding his inability to pay for the documents. Inmate [redacted] was issued grievance Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

Reporting Officer Signature: _____ Date: _____

Sergeant Signature: _____ Date: 11-14-18

Shift Commander Signature: _____ Date: 11-14-18

Administrator or Designee Signature: _____ Date: _____

DEPARTMENT OF MENTAL HEALTH
ORANGE COUNTY JAIL CLINIC

"Serving people with Mental Illness, Chemical Dependency, and Developmental Disabilities"

Darcie M. Miller, LCSW-R
Acting Commissioner

Lacey Trimble, LCSW
Deputy Commissioner

Steven M. Neuhaus
County Executive

110 Wells Farm Road
Goshen, New York 10924
Tel (845) 291-7553 • Fax (845) 291-7551
www.orangecountygov.com

To: Grievance Coordinator Sgt. Hernandez

From: Nicole Kaye, Director of Mental Health Jail Services

Subject: Grievance [redacted]
Date: 11/16/2018

In response to the above grievance, Mr [redacted] submitted a FOIL request for his mental health records to OCJ on 9/26/18. At that time, he was informed by security staff that mental health records **cannot** be foiled and was instructed to contact the Department of Mental Health jail clinic. Mr. [redacted] submitted an **incomplete** HIPAA form to MH while appealing his denial to foil his records to the County Law Department. He received correspondence dated 10/19/18 from Attorney Chapman, reiterating the above. Mental Health received a completed HIPAA form from Mr. [redacted] on 10/29/18. As standard practice, his chart was then sent to law for review. Mr. [redacted] received his mental health records on 11/13/18.

(b) Such policies and procedures shall include, but are not limited to:

(1) a detailed description of grievance program operations including steps, timelines, investigative processes and available internal and external appeal procedures;

(2) staff responsibilities for functions relative to the grievance program;

(3) procedures to ensure grievance program accessibility to inmates;

(4) steps to be taken to encourage staff to informally resolve inmate complaints;

(5) a statement regarding safeguards for inmates against reprisals for having filed a grievance;

(6) procedures for orientation to the grievance program for all facility staff;

(7) procedures for corrective action to be taken when a grievance is found to have merit; and

(8) an annual review of such policies and procedures and revision, if necessary.

§7032.4 Facility program requirements.

(a) Any inmate incarcerated in a local correctional facility shall be provided access to the facility's grievance program.

(b) Instructions for filing a grievance shall be included in the facility rules and information as required by section 7002.9(a)(15) of this Chapter.

(c) Each inmate at any facility shall be advised in writing as to the availability of grievance forms upon admission.

(d) Facility staff shall make forms readily available so that an inmate may file a grievance. An inmate must file a grievance within five days of the date of the act or occurrence giving rise to the grievance.

(e) The chief administrative officer of each local correctional facility shall designate a staff member(s) to act as grievance coordinator(s).

(f) The chief administrative officer or his designee shall ensure that each grievance is investigated to the fullest extent necessary by an impartial person who was not personally involved in the circumstances giving rise to the grievance; provided, however, that a grievance that is too vague to understand or fails to set forth supporting evidence or information may be returned to the inmate. Failure to supply sufficient information or evidence within two days shall be cause to deny the grievance.

(g) At a minimum, each investigation of an inmate grievance shall include gathering and assessing the following information:

(1) a description of the facts and issues underlying the circumstances of the grievance;

(2) summaries of all interviews held with the grievant and with all parties involved in the grievance;

(3) copies of pertinent documents; and

(4) any additional relevant information.

(h) Grievances regarding dispositions or sanctions from disciplinary hearings, administrative segregation housing decisions, issues that are outside

the authority of the chief administrative officer to control, or complaints pertaining to an inmate other than the inmate actually filing the grievance are not grievable and may be returned to the inmate by the grievance coordinator. Such grievances may not be appealed to the chief administrative officer or the Citizens' Policy and Complaint Review Council.

(i) Within five business days of the receipt of a grievance, the grievance coordinator shall issue a written determination. Such determination shall specify the facts and reasons underlying the coordinator's determination. A copy of such determination shall be provided to the grievant.

(j) Within two business days after receipt of the grievance coordinator's written determination, the grievant may appeal to the chief administrative officer or his designee.

(k) Within five business days after receipt of a grievance appeal, the chief administrative officer shall issue a determination on the grievance appeal and provide a copy of such determination to the grievant.

(*l*) If the chief administrative officer finds merit in a grievance, he/she shall direct in writing that appropriate remedies or meaningful relief be provided to the grievant and for all others similarly situated.

§7032.5 Appeal to the Commission of Correction.

(a) Within three business days of the receipt of the chief administrative officer's determination, any grievant may appeal any grievance denied by the facility administrator, in whole or in part, to the State Commission of Correction by indicating his/her desire to appeal on the inmate grievance form in the space provided for such purpose.

(b) Within three business days after receipt of the grievant's notice of appeal, the grievance coordinator shall mail or electronically submit in a manner and form prescribed by the Commission of Correction, the appeal, the accompanying investigation report and all other pertinent documents to the Commission's Citizens' Policy and Complaint Review Council.

(c) The grievance coordinator shall provide the grievant with a receipt indicating the date the appeal was submitted to the Citizens' Policy and Complaint Review Council.

(d) (1) Except as provided in paragraph (2) of this subdivision, the Citizens' Policy and Complaint Review Council shall issue a written determination to the appeal within 45 business days of receipt, copies of which shall be provided to the grievant, the chief administrative officer and the grievance coordinator. If such determination is in favor of the grievant as a matter of law, the chairperson of the Citizens' Policy and Complaint Review Council shall direct the chief administrative officer to comply with the grievance and provide an appropriate remedy.

(2) The chairperson of the Council may issue written determinations to appeals of classes of grievances as determined by the Council. Such determinations shall be issued within 10 business days of receipt and copies shall be provided to the grievant, the chief administrative officer, and the grievance coordinator. A copy shall also be given to the members of the Council for their review. If such determination is in favor of the grievant as

ORANGE COUNTY SHERIFF'S OFFICE

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924- 6740

845-291-4033 FAX: 845-294-1590

SHERIFF CARL E. DUBOIS

KENNETH T. JONES
UNDERSHERIFF

ANTHONY J. WEED
ASSISTANT UNDERSHERIFF

DENNIS D. BARRY
CHIEF DEPUTY

ANTHONY M. MELE
CORRECTIONS ADMINISTRATOR

WWW.ORANGECOUNTYGOV.COM

September 26, 2018

[redacted]
Orange County Correctional Facility
110 Wells Farm Road
Goshen, New York 10924

RE: F.O.I.L. Request [redacted]

I am in receipt of your recent F.O.I.L. request. I can reasonably expect to complete the search for pertinent records no later than Referred to Mental Health.

☐ The Medical department will respond to your request for records under separate cover.

☒ Mental Health records must be processed by the Mental Health Department here at the facility. Please forward your request directly to that Department.

We do not waive other grounds of exemption by limiting our response to the above, and reserve the right to assert such if this matter is appealed. Should you wish to appeal this determination, you may do so in writing to the attention of:

FOIL Appeals Officer
Orange County Department of Law
Government Center
255 Main Street
Goshen, New York 10924

Sincerely,

C.O. Brian Redner #189

Brian Redner
Corrections Officer

~ A C C R E D I T A T I O N S ~

FREEDOM OF INFORMATION REQUEST

Date: 9/6/18

TO: Capt. DiChiaro

FROM: [redacted]

Dear Sir/Madam:

This is a request for information under the Freedom of Information Law, pursuant to the Public Officer Law, Article 6, §100-111/and the U.S.C.A. 552.

I wish to obtain the following information and records:

All mental health records from 2016/2018, All documented ~~me~~ proscriptions medications proscribed 2016/2018. A.S.A.P

If any and/or all of my request is denied, please list the exemptions. If you determine that some portion of this request is exempt, I will expect as the Act provides, that you will provide me with the remaining Non-exempt portions or materials. I, of course, reserve the right to appeal any determination to withhold any/all information and expect that you will provide me with the address and office where may be forwarded.

As your agency should be cognizant, the Amended Freedom of Information Act requires that you shall reduce or waive search and/or copying fees when the release of the required information is in public interest. It is my belief that the above requested information falls into this category. In addition, the act requires that you reply within ten (10) days of my request being received. In the event that my request is denied please provide me with the name and address to whom I am to forward my appeal to and to the attention of.

Thank you for your time and anticipated cooperation in this matter.

Respectfully

[redacted]

STATE OF NEW YORK
COUNTY OF ORANGE

Sworn to before me this

6 day of Sept, 2018

Vincent J. Czubak

NOTARY PUBLIC

VINCENT J. CZUBAK
Notary Public, State of New York
No. 01CZ6102072
Qualified in Sullivan County

Cpt. Dicharo 11/15/18

Im writing you in regards to mistreatment by your ranking officers & M/H staff.

I was recently granted Authorization to my M/H records in which I needed last month for Court reason. India Shock & the M/H department caused a hinderance in my case & now is a liability matter. She Illegally & wrongfully withheld Legal documentation because I was indigent! Violation of my Constitution Rights is prohibited. Her actions should not go unanswered to.

I also Requested a Grievance several times from Sgt. Daniels he continued to Denie my right to a Grievance stateing that my situation is a "Non-Grievable issue" then asked me to "let the situation go" & that he "didn't want to do paperwork on it". I respectfully left & requested assistance from his Superior Lt. Zapplo. I am very concerned. I have yet to receive a Grievance.

If you have time please Investigate this matter.

Thank You for your time,

[redacted]

(Copy of 3)

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MEMORANDUM

TO: Sheriff Carl E. Dubois

FROM: Lieutenant Michael J. Zappolo #021 MJZ

DATE: November 15, 2018

RE: Grievance [redacted] issued to Inmate [redacted]

On the above date I was instructed to author a memorandum by Captain V. Dichiaro regarding a written complaint made by Inmate [redacted] In Inmate [redacted] complaint he states that he requested a grievance regarding Mental Health from Sergeant Daniels, Idris #032 on an unspecified date and that he was denied the grievance by the Sergeant.

On 11-14-18 at 1744 hours I was on supervisory rounds in [redacted] housing unit with Sergeant Pascal, Louis #042. While making the round, Inmate [redacted] stated that he wanted a grievance and that he's requested a grievance prior and never received it. I instructed Inmate [redacted] to speak with the area supervisor and he will handle his complaint. After I made the round, I instructed Sergeant Pascal to go back to the inmate prior to the end of the shift and see what inmate Allen's complaint was and if warranted, to issue the inmate a grievance.

In sum and substance, Sergeant Pascal reported that after his investigation into this matter, Inmate [redacted] had requested to F.O.I.L. his Mental Health records for a court case. According to Inmate [redacted] Mental Health replied to his request and said that he would have to pay to get the records. Inmate [redacted] explained to Sergeant Pascal that he was indigent and had no means in which to pay for the records and that Mental Health did not provide them to him. Sergeant Pascal issued grievance [redacted] to inmate [redacted] on Mental Health. End

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MEMORANDUM

TO: Sheriff Carl E. Dubois

FROM: Sergeant Idris Daniels

DATE: November 19, 2018

RE: Grievance requested by Inmate [redacted]

On November 13, 2018 at 1530 hours I was conducting a round in [redacted] While on rounds Inmate [redacted] requested a grievance regarding a Mental Health Foil request. He showed me a letter from the Orange County Mental Health Department stating that his documents were available, however he was required to pay $0.25 for each page. The total was $4.75. Inmate [redacted] claimed he was indigent but insisted that he was still entitled to receive his requested documents. I received a photocopy of the letter from Inmate [redacted] After I concluded my round, I went to the Mental Health Office in Bravo Wing. I presented the letter to the secretary who informed me that Inmate [redacted] had provided proof he was indigent, and his documents were being delivered later the same day. At 1900 hours I returned to [redacted] I asked Inmate [redacted] if he received his requested documents. Inmate [redacted] confirmed. I made a log entry stating that Inmate [redacted] received his documents at 1651 hours when Mental Health Staff Adam was on post. Inmate [redacted] again requested a grievance. I told him that I would not issue him a grievance because he received his requested documents. I resolved his complaint and therefore no grievance was necessary. Inmate [redacted] accepted my explanation without further complaint. End of Report.

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KENNETH T. JONES
UNDERSHERIFF

ANTHONY J. WEED
ASST. UNDERSHERIFF

WWW.ORANGECOUNTYGOV.COM

Date: 3/28/2019
New York State Commission of Corrections
Alfred E. Smith State Office Bldg.
80 S. Swan St., 12th Floor
Albany, NY 12205-2670

To Whom It May Concern:

Enclosed please you will find Grievance [redacted] for appeal to the Citizens Policy and Complaint Review Council.

If you have any questions or require additional information, please feel free to contact me at (845) 291-7537 or (845) 291-7720.

Thank you,
Sergeant Keith Kiszka 134
Grievance Coordinator
[redacted]

New York State Commission of Correction
Grievance Investigation Form

Date(s) of Investigation: 3/12/2019

Inmate's Name [redacted]

Facility: Orange County Correctional

Facility Grievance Number: [redacted]

Description of the issues

Supplement Attached

Inmate [redacted] claims that he has placed 3 grievances on Officer Griffin for sexual harassment and that no action has been taken by the facility to fix the issue. Inmate [redacted] also claims that he has placed in medical slips for a medicine that is making him sick.

Interview summary of ALL persons involved with the grievance: List names AND brief summary of each interview

Statements Attached (3)

Sergeant Lyons - Officer's Report
Officer Griffin - Memorandum
Nicole Kaye MHD - Memorandum

Summary of Findings

Supplement Attached (1)

After investigating Inmate [redacted] grievance, Inmate [redacted] filed one grievance [redacted] pertaining to Officer Griffin sexual harassment and that grievance was denied. Inmate [redacted] did in fact accept that decision and signed off the grievance(attached for review). Inmate [redacted] medical issues were being addressed and Inmate [redacted] did in fact refuse to see the Mental health Doctor Polomares on two occasions to discuss his medication concerns(3/12/2019 and 3/15/2019). Logbook documentation attached for review as well as a memorandum explaining from the Mental Health Director Nicole Kaye. This grievance has been found to be without merit.

List of other relevant information/documentation

Supplement Attached (A)

Logbook Documentation / Grievance [redacted] Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

Report prepared on: 3/22/2019

Printed Name: Sergeant Keith Kiszka 134

Signature: 134

Title: Grievance Coordinator

[redacted]

New York State Commission of Correction
Inmate Grievance Form Part II

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION

Grievant's Appeal to the Chief Administrative Officer
Must submit within two business days of receipt of the Grievance Coordinator's written decision
I have read the above decision of the Grievance Coordinator and
( ) I agree to accept the decision
(X) I am appealin[redacted]

Grievant Signature: [redacted] Date: X 3-22-19

Decision of the Chief [redacted]. Number of Sheets Attached ( )
Shall be issued within five business days after receipt of appeal and provided to grievant

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
- ☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
- ☑ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
- ☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
- ☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

Signature of the Chief Administrative Officer: [signature] Date: 3/27/19

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and
( ) I agree to accept the decision
(X) I am appea[redacted]ouncil

Grievant Signature [redacted] Date: 3-27-19

Submission to the Citizen's Policy and Complaint Review Council

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY

NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL.

I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.

Signature of the Grievance Coordinator: [signature] Date: 3/28/19

New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)

Facility: O.C.C.F

Housing Loc[redacted]

Name of Inmate: [redacted]

Grievance # [redacted]

Brief Description of the Grievance *(Submitted by the grievant within 5 days of occurrence)*
Number of Sheets Attached (1)

I received this grievance on 3-12-19. I am filing this grievance against C.O Griffin #415 for harrassement & retaliation, this is my 3rd grievance against him and no action has been made to fix this issue. I am also grieving the O.C.C.F Medical clinic for medical neglegents I have requested over 5 times (by medical slips) that medication is makeing me sick. No response! no medical assistance. On 1-20-19

Action requested by the grievant *(Submitted by the grievant within 5 days of occurrence)*:
Number of Additional Sheets Attached ( )

I ask that I receive a copy after this grievance has been Completed and signed in a timely manner as it states below. I ask that C.O Griffin is placed on my No-contact file. I ask that Medical Staff are addressed [illegible] neglegents to my Sick Calls regarding Rx.

Grievant Signature [redacted]

Date/Time Submitted: 3-15-19

Receiving Staff Signature: 154

Date/Time Received: 3/15/19 @ 0850

Investigation Completed by: 154

Date Completed: 3/22/19

Number of Sheets Attached ( )

Decision of the Grievance Coordinator
Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-Grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☒ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

This Grievance has been Investigated. Your Claims have been investigated & found to be without merit.

Signature of the Grievance Coordinator:

Date: 3/22/19.

Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

This Recent Grievance I did not receive a Step 2

I was Sexaully violated by C.O Griffin #415 I filed a grievance on 1-21-19 In which I did not receive a response for over 5 days. C.O Griffin continues to threatin, psycologically intimedate & abuse his authority by discriminateing and harrasseing me. Example: on 3-12-19 he violated policy by allowing Keeplock to come out which resulted into a Fight between Inmates inwhich injury occured! He let Keeplock out past policy!

C.O Griffin threatin to write me up for a opened jumpsuit & continued to harresse me on my way to my cell I tried to ignore him all do

This matter has been made aware to the Sheriffs office, Albany, NAACP, My family, & my Lawyer.

I ask that Medical be addressed aswell. My health is import

(Cameras dont lie... people do!) (Copy of 5)

I have sent copies of this grievance to every agency I've mentioned in this grievance It isn't fair that I fear for my safety here at O.C.J because of unaddressed issues regarding Staff misconduct & their ability to violate O.C.S.O policy without punishment or disiplinary action. An Inmate was injured on 3-12-19 because the same C.O I've complained about several times violated policy & Continued to violate policy his remainder of his shift. Why is he allowed to violate policy? Why is he allowed to cause injury to us Inmates? Why hasnt O.C.C.F Administration staff/ranking officers addressed these matters!? Why arent we allowed to have a grievance at any time? And Why do we have to disclose our bizness to Sgt/ or anyone before recieveing a grievance?!

Officer's Report

Date of Report: 3/13/19 **Time Report Written:** 1320

Date of Incident: 3/12/19 **Time Incident Occurred:** 1000

Location of Incident: Charlie Housing Center

Incident: Inmate [redacted] requested a grievance on Officer Dennis Griffin #415

Officer Reporting: Sgt. Katherine Lyons **Shield #** 107

Narrative: Explain fully any action taken by you, any event observed, information received. Set forth names, other officers, inmates, and a detail of the information of what, who, when, where, and how. Be explicit in all information given.

On the above date and time I was assigned as the Charlie wing Sergeant. Charlie-1 Inmate [redacted] requested a grievance on Officer Dennis,Griffin #415. Inmate [redacted] stated that he felt that Officer Griffin was picking on him. I asked Inmate [redacted] how Officer Griffin was picking on him and he stated that Officer Griffin told him not to have his cup on the dayroom floor, but not the other Inmates around him. I asked Officer Griffin about the incident and he stated he told him not to have his cup out on the dayroom floor and to button up his jumpsuit. Inmate [redacted] stated that he had previously put in grievance on Officer Griffin and that he had a no contact with Officer Griffin. I looked at the grievance paperwork that Inmate [redacted] had and the end result was that the claim had been unfounded. Grievance [redacted] issued to [redacted] ---------end of report------

Reporting Officer Signature: _____ Date: _____

Sergeant Signature: _____ #107 Date: 3/14/19

Shift Commander Signature: _____ Date: 3/14/19

Administrator or Designee Signature: _____ Date: _____

ORANGE COUNTY SHERIFF'S OFFICE

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924-6740

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KENNETH A. DECKER
CORRECTIONS ADMINSTRATOR

WWW.ORANGECOUNTYGOV.COM

To: Sheriff Carl E. Dubois

From: C.O. Dennis Griffin #415 DMG 415

Subject: Inmate [redacted] Grievance Investigation [redacted]

Date: March 18, 2019

I was working my assigned post as Charlie 01 Housing Unit Officer, on 03/12/19 0700 x 1500 hrs., Inmate [redacted] was warned and admonished for the rule violation of wearing his jumper improperly while in the day room.

On 03/12/19, I observed [redacted] walking in the day room with his jumper unbuttoned exposing his t-shirt. As he passed the Officer's desk to go to the kitchen I stated, " you have to button up your jumper." When he left the kitchen passing by the desk again his jumper was undone. I repeated the order, " button up your jumper." He then grabbed the front of his jumper holding it closed. Approx. a half hour later, Inmate [redacted] again walked passed the Officer's desk with his jumper unbuttoned going into the kitchen. When leaving the kitchen, I ordered Inmate [redacted] to, "Button up your jumper, this is the last time I am warning you." Inmate stated, " stop harrassing me, your harrassing me." Again I ordered him to button up his jumper. Inmate [redacted] left and went to his cell. He returned to the Officer's Desk crossing the honor line and stated," give me your badge number." I stated," it is 415. You just crossed the honor line with out permission". He stated, " I want a grievance. " I stated , I'll inform the Sergeant." I notified the Charlie Wing Sgt. Lyons, K. # 107 of the above. At no time did I engage in disrespectfully, offensive or improper conduct with Inmate [redacted] End of my report.

DEPARTMENT OF MENTAL HEALTH
ORANGE COUNTY JAIL CLINIC

"Serving people with Mental Illness, Chemical Dependency, and Developmental Disabilities"

Darcie M. Miller, LCSW-R
Commissioner

Lacey Trimble, LCSW
Deputy Commissioner

Steven M. Neuhaus
County Executive

110 Wells Farm Road
Goshen, New York 10924
Tel (845) 291-7553 • Fax (845) 291-7551
www.orangecountygov.com

To: Grievance Coordinator Sgt. Kiszka

From: Nicole Kaye LCSW-R, Director of Mental Health Jail Services

Subject: Grievance [redacted]
Date: 03/19/19

In response to the above grievance, Inmate [redacted] stated that he submitted multiple slips regarding side effects related to his medication and received "no response" or "assistance" on 1/20/19. Upon chart review, inmate [redacted] refused to see the psychiatrist on 1/14/19 and 1/18/19 for a medication check. The assigned clinician followed up on 1/19/19 to address his refusals at which time he stated that *"he didn't need to see the doctor because his meds are good"*. Inmate [redacted] presented for his med check on 1/25/19 to address his zero compliance with his anti-depressant. He stated to the MD that he will *"start waking up to take it, as he needs it for his mood"* and denied any adverse reactions to his other medications. Inmate [redacted] again refused to see the psychiatrist on 3/12/19 and 3/15/19 for a medication check. The assigned clinician again followed up on 3/16/19 to address his refusals and noncompliance with meds. At that time, Inmate [redacted] stated that he didn't want to see the psychiatrist or take the medication as it makes him *"sick"*. He refused to see the doctor for alternative medication and stated he will follow up in the community upon release.

3/12/11 Lt Romen/Lt [redacted] @ Medar Medical 1500/2300 Sgt Shaffer

1743 [redacted]

1745

1757

1800

1806

1810

1816 Sgt. Shaffer on Rounds

1820 [redacted]

1827

1830

1900

1911

1926

1933

1949

2000

2015

Both refused to see Dr. Palomares

2025

2034

2053

2059

2110

2130

2135

2142

2145

2200

2230

2245

3/15/19

[redacted] CO Pruitto c/o Barton (0700-1500) L.T. [redacted]

[redacted]

[redacted]

New York State Commission of Correction
Inmate Grievance Form Part II

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION

Grievant's Appeal to the Chief Administrative Officer
Must submit within two business days of receipt of the Grievance Coordinator's written decision
I have read the above decision of the Grievance Coordinator and
(X) I agree to accept the decision
(X) I am appeali[redacted]

Grievant Signature: [redacted] Date: 1/29/19

Decision of the Chief Administrative Officer: Number of Sheets Attached ( )
Shall be issued within five business days after receipt of appeal and provided to grievant

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
- ☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
- ☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
- ☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

I recently filed a grievance I do not wish to pursue this issue as long as C.O. Griffin isn't around me! I was sentenced to a County Year 3 I will be free soon Im not a little Kid I am a Grown Man; I give respect I think I deserve it in return. Thank you for your time. Have a good day.

Signature of the Chief Administrative Officer: _____ Date: _____

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and
( ) I agree to accept the decision
( ) I am appealing to the Citizen's Policy and Complaint Review Council

Grievant Signature: _____ Date: _____

Submission to the Citizen's Policy and Complaint Review Council

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY

NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL.

I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.

Signature of the Grievance Coordinator: _____ Date: _____

New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)

Facility: Orange County Jail Housing Location: [redacted]

Name of Inmate: [redacted] Grievance #: [redacted]

Brief Description of the Grievance *(Submitted by the grievant within 5 days of occurrence)* I grieving C.O Griffin for violateing n
Number of Sheets Attached (1) inmate rights of O.C.C.F Pg. 2 #4) . . Also
I am fileing this Grievance against C.O Griffin 415 for Discrimination, Sexaul harrosement, Insubordination, fileing a false report in which (O.C.C.F Statement of Confinement Form) . On 1/20/19 I was urinateing around 8:00 a.m C.O Griffin peeked threw my unblocked cell door window at my penis while I was useing the toilet –

Action requested by the grievant *(Submitted by the grievant within 5 days of occurrence)*: That I be released of cell confinem
Number of Additional Sheets Attached (1) and write up 1/20/19 be dismissed . . . also to speak to C
Administrator.
I ask that this Grievance is thourghly reveiwed & investigated, I ask that I recieve a copy of this Grievance after it's signed and completed in a timely manner by policy I ask that I not be retaliated against in anyway for my statements regardings sexaul harrosement of C.O Griffin 415, I ask that if this Grievence is denied In anyway that I be direc in a way that I can [redacted]

Grievant Signature: [redacted] Date/Time Submitted: 1/20/19 1/22/19

Receiving Staff Signature: 137 Date/Time Received: 1/22/19 @ 1205

Investigation Completed by: 137 Date Completed: 1/29/19

Decision of the Grievance Coordinator Number of Sheets Attached ( )
Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-Grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☒ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Your Grievance has been Investigated & All claims have been investigated. Your grievance has been unsubstantiated.

Signature of the Grievance Coordinator: 134 Date: 1/29/19

~~note~~ inwhich has happend ~~B~~ before prior this incecent, I told him to stop looking at me
he refused & then ~~[illegible]~~ returned with an I.A sheet asked me to sign a 6hr I.A I asked
why? he stated I block his veiw into my cell window ~~[illegible]~~ I
told him I didnt violate anyrules & I want to speak to a sgt, He insisted I sign the I.A
sheet I refused because I was inocent he then kicked my door & said I'll regret my
actions, I then told him he makes me uncomfortable & I ~~[illegible]~~ asked him to stop
harrassing and intaganizing me by psycologically trying to intimedate me into signing a
6hr I.A I dont deserve. It clearly states in the O.C.C.F Rules & regulation hand
book on Pg 2. #4. I did not violate A2-3 on pg 29 of the O.C.C.F hand book.
Which states "Hanging anything on the cell door window that blocks the
officers veiw into the cell". If C.O Griffin claims I violated this infracti
how possibly did he "see" "Something" covering my cell light at 8:00 A.M? If my
cell window on the door was blocking veiw ~~[illegible]~~ into my cell!? Thats a contridictio

He ~~[illegible]~~ discrimanated against me when infact other inmates did
actually violate infraction A2-3 in [redacted] (1-20-19) & he did nothing to
them. I am being confined in my cell, restricted from priveleges of phone, Lawlibr
ect, accessess in which I need to defend myself in my case Im in jail for,
this has caused another hinderance & liability in my defense. I dont understan
Violation of my Constitution rights ~~[illegible]~~ isnt fair & equal justice or treatm
evidence of everything I've stated is obtainable & sufficient. There is no reaso
I am being segregated & denied my rights. This incedent has caused great
anxiety, I suffer M/H illness & it was difficult for me to speak up about wha
C.O Griffin has been doing to me. Sexaul Harrassement in the work place is
an epidemic in the U.S today & Inmates are no diffrent we have rights & It's
my right to stand up & speak up regardless the "consequences". I respectfully ask to be tak
off cell restriction in light of my evidence presented in this grievance. I have made 4
copies of this grievance for future refrence. I will also F.o.i.l All disciplinary history
forms and Grievances. M/H ~~is~~ has been notified of his grievance aswell.

(INMATE RIGHTS) of the O.C.C.F Rules. States on Pg. 2-#4 that No inmate will be disciplined except for a violation of a published and posted written rule or regulation".

I am currently in cell confinement for an infraction I did not violate, A2-3 of Pg 29 of O.C.C.F Rules.

And this hinderance is causeing a distraction & defect In my defense on my case for court. Which is a violation of my Constitutional Amendment Rights as an equal Citizen of the U.S.

Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

Officer's Report

Date of Report: 01/20/19 **Time Report Written:** 1200

Date of Incident: 01/20/19 **Time Incident Occurred:** 1000

Location of Incident: Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

Incident: Inmate [redacted] request for grievance.

Officer Reporting: Sgt. Louis Pascal **Shield #** 042

Narrative: Explain fully any action taken by you, any event observed, information received. Set forth names, other officers, inmates, and a detail of the information of what, who, when, where, and how. Be explicit in all information given.

On the above date and time, I was assigned as the Charlie Wing Sergeant. After I issued Inmate [redacted] an Inmate Statement of Confinement for having his cell light covered, he stated he wanted a grievance against Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures; Housing Unit Officer Dennis Griffin 415. Inmate [redacted] refused to sign an Instant Adjudication for the violation and was issued a Misbehavior Report by Officer Griffin at 0705 hours. Inmate [redacted] stated that Officer Griffin ordered him to remove the cover off his cell light and was watching him while he was urinating. I interviewed Officer Griffin and he stated in sum and substance that; while he was on rounds, he ordered Inmate [redacted] to remove a cover off his cell light. Inmate [redacted] was currently in his bed. Inmate [redacted] did comply and removed the cover. Officer Griffin then advised Inmate [redacted] that he was going to be issued a I/A for this violation. Approximately 35 minutes later, Officer Griffin returned to Inmate [redacted] cell with the I/A sheet placing it in the cell door opening. Officer Griffin then went back to his desk. Approximately 15 minutes later, Officer Griffin went back to Inmate [redacted] cell door and removed the I/A sheet. Walking away from the door, Officer Griffin realized the sheet was not signed. Officer Griffin went back to the cell door and requested again for Inmate [redacted] to sign it. Inmate [redacted] was still in his bed and stated, "get away from my door". Officer Griffin then advised Inmate [redacted] that he was going to be written up for refusing to sign the I/A. Officer Griffin stated he never observed Inmate [redacted] urinating. Officer Griffin stated Inmate [redacted] was in bed during this incident. Inmate Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures; was issued grievance # [redacted]

Reporting Officer Signature: _____ Date: _____

Sergeant Signature: _____ Date: 1-20-19

Shift Commander Signature: _____ Date: 1-20-19

Administrator or Designee Signature: _____ Date: _____

ORANGE COUNTY SHERIFF'S OFFICE

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924-6740

845-291-4033 FAX: 845-294-1590

SHERIFF CARL E. DUBOIS

KENNETH T. JONES
UNDERSHERIFF

ANTHONY J. WEED
ASSISTANT UNDERSHERIFF

DENNIS D. BARRY
CHIEF DEPUTY

KENNETH A. DECKER
CORRECTIONS ADMINSTRATOR

WWW.ORANGECOUNTYGOV.COM

To: Sheriff Carl E. Dubois

From: C.O. Dennis Griffin #415 415

Subject: Inmate [redacted] Grievance Investigation [redacted]

Date: January 25, 2019

I was working my assigned post as [redacted] Housing Unit Officer, on the following dates 01/08/19 and 01/15/19, Inmate [redacted] was warned and admonished for the rule violation of covering his light which creates a limited visibility to view into the cell. On 01/20/19, I observed the light in cell [redacted] Inmate [redacted] covered by pieces of paper blocking the light and obstructing my view of the interior of the cell. I knocked on the door and ordered Inmate [redacted] to uncover the light. Inmate [redacted] was clothed while getting out of bed and uncovered the light then returned to bed. I informed him I was issuing him an I.A. for the infraction. I issued the only available I.A. for six (6) hours. Inmate [redacted] while lying covered in bed was instructed to sign the form and put it back in the door. Approximately thirty minutes later, I went to pick up the I.A.. Inmate [redacted] was still lying in bed while reading the I.A.. Inmate [redacted] was clothed. I again instructed him to sign it and put it in the door. I came back to his cell door again and retrieved the I.A from the porthole. The I.A. was unsigned. Inmate [redacted] was still lying in bed covered. I informed him that I was issuing him a Misbehavior Report. He stated while lying in bed, "I don't care." He stated, "get away from my door." I notified the above to Sgt Pascal. L. #039. A Misbehavior Report was issued. Inmate [redacted] was placed on cell confinement pending review. At no time did I engage in disrespectfully, offensive or racist conduct with Inmate [redacted] At no time, did I observe Inmate [redacted] undressed, naked or urinating. I never kicked the inmat's cell door. The light being covered by paper caused the obstruction by not being able to see freely into the cell. End of report.

DUE PROCESS WAIVER

Inmate's Name: [redacted] Booking No.: [redacted]

The above named inmate is waiving his/her right to a Due Process Hearing and agreeing to the below-mentioned sanctions for violating any one of the General Rules located in the Inmate Handbook, pp.8-12.

WARNING #1

Date: 10-' Inmate's Signature:
Incident Location: Housing Unit/Cell:
Officer Officer's Signature: Supervisor's Signature:
Incident Description:

WARNING #2

Date: 10-12-18 Inmate's Signature: [redacted]
Incident Location: [redacted] Housing Unit/Cell [redacted]
Officer J Ryan Officer's Signature: 334 Supervisor's Signature:
Incident Description:

Door left unsecure while in dayroom

TWO (2) HOURS CELL TIME

Date: 12-4-18 Start time: 2114 End Time: Inmate's Signature: [redacted]
Incident Location: [redacted] Housing Unit/Cell [redacted]
Officer Crespo #570 Officer's Signature: W. Crespo #570 Supervisor's Signature:
Incident Description:

Loitering + Communicating through Sally port Door I Housing unit / C-3. per. ofc. Kastor

FOUR (4) HOURS CELL TIME

Date: 12-16-18 Start time: 2030 End Time: 2230 Inmate's Signature: [redacted]
Incident Location: [redacted] Housing Unit/Cell: [redacted]
Officer Landaeta Officer's Signature: Supervisor's Signature:
Incident Description:

Disrespectful while I was Reprimanding Another inmate.

SIX (6) HOURS CELL TIME

Date: 1/20/19 Start time: End Time: Inmate's Signature: ✓ Refused to Sign
Incident Location: [redacted] Housing Unit/Cell: [redacted]
Officer Guth 415 Officer's Signature: Supervisor's Signature:
Incident Description: Inmate's Cell light covered on first Rush, Was Previously Instructed Twice uncover light. Was Instructed by Sgt Elias Also

ONCE ALL SECTIONS OF THE FORM HAVE BEEN FILLED IN, A COPY WILL BE MADE AND SENT TO THE DISCIPLINARY OFFICE. THE ORIGINAL WILL BE KEPT IN THE IA BINDER. WHENEVER AN INMATE MOVES TO ANOTHER UNIT, THE ORIGINAL WILL BE SENT WITH THE INMATE AND BE PLACED IN THE IA BINDER IN THE NEW UNIT. IT WILL BE FORWARDED TO THE DISCIPLINARY OFFICE AT THE TIME OF THE INMATE'S RELEASE.

ORANGE COUNTY JAIL
HEARING REPORT FORM

A. Inmate's Name: [redacted] Booking Number [redacted] Housing Unit [redacted]

Hearing Officer: Sgt. Colby Hearing Number: [redacted] Date of Incident: 01/20/2019 @ 0705

Hearing Date Start: 01/26/2019 Hearing Completed: 1/26/19

A. Charge(s):

Charge	Plea
.. .. A2-03 Hanging anything that blocks officer view ..	not guilty
.. .. A2-10 Disobeying Correction officer ..	guilty
.. .. .. A3-08 Violation of General rules	guilty
.. ..	..
.. ..	..

B. Summary on Inmate's Statement: Inmates rights of OCCF rules on page 4 states no Inmate will be disciplined except for a violation of a published and posted written rule or regulation.

A2-3 Pg. 29 states "Hanging anything on the cell door window that blocks the Officers view into the cell" I committed A3-8 so that I didn't commit A1-11 indecent exposure.

C. Hearing Dispostion:

Charge	Disposition
.. .. A2-03 Hanging anything that blocks officer view ..	guilty
.. .. A2-10 Disobeying Correction officer ..	guilty
.. .. .. A3-08 Violation of General rules	guilty
.. ..	..
.. ..	..

D. Evidence Relied On: Officer D. Griffin's submitted misbehavior report, and Sergeant L. Pascal's statements on said report, following his investigation into the incident.

Inmates pleas during the disciplinary hearing.

E. Penalty:

Charge	Penalty	Keeplock dates
.. .. A2-03 Hanging anything that blocks officer view ..	6	
.. .. A2-10 Disobeying Correction officer ..		
.. .. .. A3-08 Violation of General rules		
.. ..		
.. ..	6	
Total Keeplock days calculated:		1/26/19

If you are found guilty of a violation(s) of Facility rules and Regulations, your account may be surcharged twenty five dollars ($25.00) as an imposed sanction of discipline and which can be collected at any time in the future including subsequent admission into the facility.

F. Reason for Disposition: Your disregard for rules and regulations will not be tolerated. This office sentences you to (06) days in cell confinement to be served in Disciplinary Segregation. This inmate will be credited with (06) days served in Disciplinary Segregation. While under Disciplinary Segregation, you will not receive any Commissary items. Please be advised that any actions similar in nature will result in more severe disciplinary sanctions.

 Incident #: [redacted] Hearing #: F[redacted]

ORANGE COUNTY JAIL
HEARING REPORT FORM

The $25.00 fee will be imposed for this Misconduct.

Hearing Officer Signature: _____ Date: 1/26/19

Inmate Signature: [redacted] Date: 1/26/19

Approved

Administrator or Designee Review: _____ Date: 1-28-19

G. APPEALS: All keeplock appeals pursuant to NYS Minimum Standards Part 7006.10 are to be submitted in writing to the Chief Administrative Officer or Designee within two (2) business days of the completion of this hearing. Your right to appeal the decision of the hearing officer will expire if not filed within the statutory time. The appeal will be reviewed and a written decision will be returned within five (5) business days. The decision of the Chief Administrative Officer or Designee is final.

☒ **Appeal form issued** ☐ **Appeal form refused**

Hearing Officer Signature: _____ Date: 1/26/19

Inmate Signature: [redacted] Date: 1/26/19

 Incident #: [redacted] Hearing #: [redacted]

ORANGE COUNTY JAIL
INMATE MISBEHAVIOR REPORT

A. You have been cited for an act of misconduct as indicated below. You may be confined to your cell pending your hearing.

Inmate's Name: [redacted] Booking Number: [redacted] Housing Unit Location [redacted]

Date of Infraction: 01/20/2019 Incident Time: 0705 hrs Incident Location: [redacted]

Rule(s) Violated:

A2-03 Hanging anything that blocks officer view

A2-10 Disobeying Correction officer

A3-08 Violation of General rules

Description of Incident: On the above date and time I was working my assigned post as Charlie 01 Housing Unit Officer, when I observed the light in cell [redacted] covered blocking the light and obstructing my view of the interior of the cell. I knocked on the door and ordered Inmate [redacted] to uncover the light. He complied. I informed him I was going to write him an I.A. for the infraction. On two separate instances during the last month, I had instructed Inmate [redacted] to uncover his light and issued a verbal warning. I issued the six (6) hour I.A. I instructed Inmate [redacted] to sign it and put it back in the door. Approximately thirty minutes later, I went to pick up the I.A. and Inmate [redacted] was reading it. I again instructed him to sign it and put it in the door. I came back to his cell door again, the I.A. was retrieved and it was unsigned. I told him again to sign this I.A. and it will be only for six hours. I instructed him, when I write you up it will cost you money and a least a week of keep lock. He refused again telling me to get away from the door. I informed him that he was going to get a write up. He stated he did not care. Sgt Pascal, L. #042 was notified of the above. End of Report.

Employee Witnesses: N/A

Other Inmates Involved: N/A

Employee Name: Griffin, D. #415 Signature: [signature] Report Date: 01/20/19 Report Time: 0800

Sergeants Findings:

I have reviewed the report and investigated the event. Based on the information provided in the report and the information gained during my investigation, I have determined that the information is true and accurate as reported.

Notes Inmate stated he covers his light for privacy. Officer Griffin stated Inmate [redacted] was lying on bed at time of this incident.

Sergeant Name: Pascal Signature: [signature] Report Date: 1-20-19 Report Time: 10:13

Shift Commander Name: Amorin Signature: [signature]

B. Command Review: Review Date: 20 JAN 19 Review Time: 2315

Name: C. Rothmann #022 Rank: LT. Signature: LT. C. Rothmann 022

Level: 2 Confinement Pending Hearing: yes ☒ [redacted] ☐ Dismissed at Review

Page 1 of 2 Incident #: [redacted] Hearing # [redacted]

ORANGE COUNTY JAIL

INMATE MISBEHAVIOR REPORT

Reason: YOUR NON-COMPLIANT AND THREATENING BEHAVIOR IS A THREAT TO THE SAFETY AND SECURITY OF THE FACILITY

C. Copy Served / Delivered to Inmate:

Inmate Signature: REF F. SIGN Date: 1/25/19 Time: 0419

Officer's Signature [illegible] Date: 1/25/19 Time: 0419

Your due process hearing in regards to the infraction(s) will take place at least twenty four (24 hours) after the date of service, at approximately 0830hours or thereafter. If the hearing date falls on a weekend or holiday, the hearing will commence on the next business day.

D. I hereby waive my right to appear in the aforementioned due process hearing # N/A

Inmate Signature: N/A Date: N/A

Incident #: [redacted]

Hearing #: [redacted]

Revised 03/17/17

ORANGE COUNTY SHERIFF'S OFFICE

110 Wells Farm RD, Goshen NY 10924
Telephone: (845) 291-7720
Fax: (845) 291-7771

Orange County Correctional Facility
Statement of Confinement

01/20, 2019, at 0705 hrs. Inmate [redacted], did threaten the safety, security and orderly running of the Correctional Facility by A2-03 Hanging anything blocks view, A2-10 Disobey C/O.You are being placed in Administrative Segregation pending the completion of a Disciplinary Hearing.

Inmate [redacted] was locked in on 01/20 ,2019, at 0705 hrs. pending disciplinary action.

Inmate [redacted] received a statement of confinement on 01/20, 2019, at 1000 hrs.

Placement-Medically cleared by Medical/ Nurse for Disciplinary Segregation:

A. Cupertino RN (Print name) _____ (Nurse's signature) 1/20/19 (Date)

In Accordance with facility policy and procedure all inmates placed in Administrative/Disciplinary Segregation must be evaluated by Mental Health as soon as possible, but no more than twenty four (24) hours after confinement.

_____ (Mental Health Print name) _____ (Mental Health signature) 1/20/19 (Date)

You may be provided assistance according to the New York Minimum Standards section 7006.6 (Discipline), and you may respond, in writing; regarding this lock-in to the facility administrator. You may be confined in lock-in status up to 15 business days pending completion of the disciplinary process, as per section 7006.7.

Inmate's Name [redacted] Signature: _____ Date: 01/20/19

Zone Sergeant: I. Pascal 042 Signature: _____ Date : 01/20/19

_____ Date: 1-20-19
Shift Commander

_____ Date: 1-21-19
On-Call Captain

_____ Date: 1-21-19
Jail Administrator or Designee

ORANGE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION

Inmate Hearing Rights

Date: 1/26/19

This is a Level 2, Hearing. You have the right to present oral and/or written evidence on your behalf. You have the right to call witnesses, on your behalf. You have the right to have assistance provided to you.

Nothing said by you can be used against you in a criminal proceeding.

I [redacted] understand my rights and obligations.

[redacted]

Sgt Coe

Hearing Officer: Capt. / Lt. / Sgt.

ORANGE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION

Inmate/ Hearing Officer Witnesses

Date: 1/26/19

I, [redacted] do hereby request ☐ do not request ☒ witnesses at my hearing. I have been advised as per part 7006.8 sub (d) that I am allowed to call witnesses on my behalf. I wish to call the following witnesses:

1.)_____

2.)_____

3.)_____

Type of assistance requested NONE [redacted]

I do hereby request the following witnesses as part of a Misbehavior Hearing for the above inmate.

1.)_____

2.)_____

3.)_____

Sgt Coll

Hearing Officer: Capt. / Lt. / Sgt.

ORANGE COUNTY SHERIFF'S OFFICE/
CORRECTIONS DIVISION

NOTICE OF
DISCIPLINARY HEARING

DATE: 01/21/2019

To [redacted]

From: Discipline Officer

YOU ARE SCHEDULED TO BE PRESENT AT A DISCIPLINARY HEARING ON 01/22/2019 OR AFTER AT APPROXIMATELY 0830 HOURS OR THEREAFTER. IF THE HEARING DATE FALLS ON A WEEKEND OR HOILDAY, THE HEARING WILL COMMENCE ON THE NEXT BUSINESS DAY.

THE HEARING WILL BE CONDUCTED BY A SERGEANT, LIEUTENANT, OR CAPTAIN.

Should the Hearing not be conducted on the above mentioned time for any unforeseen reason or circumstance, then it will be conducted at the hearing Officers earliest convenience.

ORANGE COUNTY SHERIFF'S OFFICE
GENERAL POLICY

GRIEVANCE POLICY

Date Issued:	Date Reviewed:	Approved By:	Pages:
05.14.04	10.15.18	A. Mele	7

I. **POLICY**: The Grievance policy is implemented in order to maintain an open line of communication between the inmates, staff officials and the Orange County Correctional Facility Administration, to identify and resolve potential problems in a timely manner. Every effort shall be made to resolve inmate complaints in an informal way. It is the duty and responsibility of the Corrections Officers and supervisory staff to make every reasonable effort to resolve inmate problems or complaints before they reach the level of a formal grievance.

If a resolution cannot be found, every inmate shall have the right and means, to report complaints and grievances to county correctional officials and appropriate state officials, without fear of being subjected to any adverse action for doing so. No inmate shall be denied a grievance. An inmate may request a grievance at any time by asking any staff member verbally or in writing. Written requests or complaints can be deposited into the Grievance Box found in each housing unit. An inmate who wishes to grieve the use of force or their inability to receive a grievance will be allowed to do so in any format mentioned herein.

Upon admission, the booking officer will insure that each inmate receives and signs for a copy of the Orange County Correctional Facility Inmate Rules and Regulations handbook which contains instructions and procedures for resolving problems and filing grievances.

The Grievance Coordinator post will be filled five (5) days per week (Monday-Friday). The Grievance Coordinator or designee assigned by the Shift Commander in the Grievance Coordinator's absence will collect grievances on a daily basis seven (7) days per week. On weekends, the Shift Commander will review grievances and attempt to address any issues of an emergency nature. Upon receipt of the inmate grievance, the Grievance Coordinator will assign a Grievance Control No. and enter the Grievance in the Grievance Log.

If the Grievance involves an issue such as facility policy, medical, mental health, food service, law, Minimum Standards or anything of a similar nature, the investigation will be conducted by the Grievance Coordinator.

If the grievance involves issues such as staff action, inaction or non-adherence to existing procedures, the Grievance Coordinator will forward the grievance and the attached grievance investigation coversheet to the **Corrections Administrator or his designee**. The **Corrections Administrator or his designee** will then immediately assign the investigation to the appropriate

Shift Commander who will have three (3) days to have the grievance investigated and returned to the **Corrections Administrator or his designee**. Once a grievance is assigned, the appropriate Shift Commander will be directly responsible to insure the timeliness of the grievance response is met. In situations where a grievance response cannot be completely investigated in the prescribed time frame, e.g., employees on vacation, out sick, etc., the Shift Commander who was assigned the grievance will communicate the specific issue in writing to the **Corrections Administrator or his designee**.

If the grievance involves sexual abuse or assault, the Grievance Coordinator will immediately notify the Shift Commander and the PREA Coordinator will be notified.

II. PROCEDURE:

A. Overview:

1. If an inmate or ICE Detainee raises a problem to an officer or requests a grievance, the officer will attempt to resolve it as follows:

   a. Make reasonable efforts to personally resolve inmate problems or complaints, which are verbally brought to their attention.

   b. Utilize the chain of command or other authorized lines of communication to obtain assistance in resolving problems.

   c. Enter the nature of any informal inmate problem or complaint together with the resolution or response to such problem or complaint in the housing area logbook.

2. If the inmate and officer are unable to reach an acceptable resolution, the Area Supervising Sergeant will be notified of the inmate's complaint. A Sergeant or higher ranking officer will attempt to resolve this complaint.

3. If the inmate and supervisor are unable to reach an acceptable resolution, a grievance form should be issued by the end of shift, but not more than eight (8) hours after the request. Whenever an ICE Detainee requests a grievance, the ICE representative will be notified as soon as possible.

4. The Supervisor will submit an Officer's Report indicating the action that was taken to resolve the inmate's complaint. This report is written to assist the Grievance Coordinator in their investigation.

5. If necessary, the grievant may request and will receive assistance in filling out grievance forms.

6. An inmate must file a grievance within five (5) days of the act or occurrence-giving rise to the grievance. This time frame for filing a grievance does not apply to a grievance filed in regard to sexual abuse. The inmate can either submit the grievance to the housing unit officer or place the grievance in the grievance box located at the officer's station on each housing unit. This box is checked daily. Whenever the Grievance Coordinator is out on pass days or other excused time off, the Shift Commander will ensure that all housing unit grievance boxes are checked. All grievances will be reviewed by the Shift Commander who will attempt to address any issues which appear to be of an emergency nature. All grievances will then be forwarded to the Grievance Coordinator. If the Grievance Coordinator is out of the facility for more than three (3) days, excluding weekends, the Shift Commander will assign a Sergeant to assume the Coordinator's work.

7. The grievance will be investigated and the inmate will receive a written determination from the Grievance Coordinator within five (5) business days. Each grievance will be forwarded to its respective service provider (medical, mental health, kitchen, etc.) for response.

8. If the inmate is not satisfied with the Grievance Coordinator's investigative findings and decision, the inmate may then appeal the determination to the chief administrative officer of the Orange County Correctional Facility of his/her designee within two (2) business days.

9. Within five (5) business days after receipt of a grievance appeal, the chief administrative officer shall issue a determination on the grievance appeal and provide a copy of such determination to the inmate.

10. If the chief administrative officer finds merit in a grievance, he/she shall direct in writing that appropriate remedies or meaningful relief be provided to the inmate and for all others similarly situated.

11. If the inmate is still not satisfied with the determination, the inmate may appeal such determination to the New York State Commission of Correction.

12. The inmate will receive a response from the Commission of Correction within forty-five business days of their receipt of the grievance.

13. All grievances shall be entered into a database to facilitate tracking.

B. Exclusions. Dispositions, surcharges, and sanctions resulting from disciplinary hearings, administrative segregation housing decisions, issues that are outside the authority of the Chief administrative officer to control, or complaints pertaining to an inmate other than the inmate actually filing the grievance shall not be the subject of a grievance.

C. Grievance Coordinator Procedure. Any inmate complaint, which could not be successfully resolved, utilizing the informal procedures, will, at the inmate's request, become a formal grievance.

1. Upon receipt of a written inmate grievance, the Grievance Coordinator will:

   a. Assign a grievance control number.

   b. Enter the grievance in a logbook containing at least:

      i. the control number;

      ii. the grievant name;

      iii. date received and dates of subsequent decision points;

      iv. grievance category.

   c. Initiate a grievant file folder.

2. A centralized file will be maintained for all grievances which contains at least the following information:

   a. A complete copy of inmate grievance form Part 1.

   b. A completed copy of the investigation report form.

   c. A copy of the Citizens Policy and Complaint Review Council's (CPCRC) determination.

   d. A copy of any changes in the Orange County Correctional Facility policies, procedures, rules practices, or programs made as a result of a particular grievance.

   e. Any additional reports or information relevant to the grievance.



f. This filing system will be maintained to establish a permanent record and documentation in the event of litigation and to record past determinations for use as a guide to making future decisions.

g. Submit a monthly report on the activities of the grievance program to the correctional administrator or his/her designee.

3. Upon notification of an unresolved inmate complaint the Grievance Coordinator will:

a. Interview the inmate and make a reasonable effort, to resolve the matter informally.

b. If unsuccessful, entertain the grievance Form Part 1 previously provided by a sergeant or higher rank.

c. Assist the inmate in the preparation of the written grievance and at other stages in the grievance process, if assistance is requested or obviously necessary because of language barriers or literacy problems.

d. Upon receipt of four copies of the written grievance, assign a grievance number and log the grievance in the grievance logbook.

e. Activate a Grievant file folder, or reactivate a prior file folder if one exists for that Grievant.

f. Investigate or cause to investigate by an impartial person who was not personally involved in the circumstances giving rise to the grievance. Each grievance will be investigated and documented to the fullest extent necessary on the investigation form.

g. Within five (5) business days of receipt of the grievance, issue a written determination in Form Part 2 of the inmate grievance form.

h. Return one (1) copy of Form Part 2 to the Grievant and retain one (1) copy in the grievant file folder.

i. If the inmate is unsatisfied with the decision of the Grievance Coordinator, the inmate may appeal to the Corrections Administrator or designee. The Grievance Coordinator will then forward the grievance to the Corrections Administrator for response.

j. Upon receipt of the Corrections Administrator or his/her designee's decision, the Grievant will either:

i. Signify acceptance of the Corrections Administrator's decision by signing and dating the forms in the space provided;

ii. Complete Grievance Appeal form and forward to the Grievance Coordinator within three (3) business days.

4. If the decision has been accepted by the Grievant, the Grievance Coordinator will file all remaining copies in the grievant file folder and close the case.

5. If the Corrections Administrator's decision is to be appealed, the appeal must be forwarded to the Commission of Corrections within three (3) business days. The Grievance Coordinator shall electronically send the appeal, the accompanying investigation report and all other pertinent documents to the Commission's Citizens' Policy and Complaint Review Council.

6. The Grievance Coordinator shall inform the Grievant the appeal was submitted to the Commission's Citizens' Policy and Complaint Review Council.

7. If the Grievant is released or transferred prior to the resolution of a grievance, the formal grievance process will continue absent the grievant participation. If such grievance is denied it is subject to an automatic appeal and will be submitted to the Commission's Citizen's Policy and Commission's Citizen's Policy and Complaint Review Council pursuant to established procedures.

8. The Commission's Citizens' Policy and complaint Review Council shall issue a written determination to the appeal within forty-five (45) business days of receipt, copies of which shall be sent to the Grievant, the chief administrative officer and the Grievance Coordinator. If such determination is in favor of the Grievant as a matter of law, the chairperson of the Citizens' Policy and Complaint Review Council shall direct the chief administrative officer to comply with the grievance and provide an appropriate remedy. The chief administrative officer shall submit verification of compliance with the Citizens' Policy and Complaint Review Council's determination as directed by such Council. Such verification shall be filed with the grievance.

D. Administrative Provisions:

1. All staff will have access to written grievance policy.

2. All policies will be reviewed annually.

3. All staff will be trained in the grievance procedures.

4. The chief administrative officer will designate a staff member to act as a Grievance Coordinator.

5. The Grievance Coordinator shall act as a liaison between the Grievant, the chief administrative officer and the Commission of Correction in all matters that pertain to the inmate grievance program.

III. REFERENCES:

A. New York State Minimum Standards, §7032, Grievance Program
B. ACA: 4-ALDF-6B-01

ORANGE COUNTY SHERIFF'S OFFICE

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924- 6740
845-291-4033 FAX: 845-294-1590

SHERIFF CARL E. DUBOIS

DENNIS D. BARRY
CHIEF DEPUTY

KENNETH T. JONES
UNDERSHERIFF

ANTHONY J. WEED
ASST. UNDERSHERIFF

WWW.ORANGECOUNTYGOV.COM

Date: 3/13/2019
New York State Commission of Corrections
Alfred E. Smith State Office Bldg.
80 S. Swan St., 12th Floor
Albany, NY 12205-2670

To Whom It May Concern:

Enclosed please you will find Grievance [redacted] or appeal to the Citizens Policy and Complaint Review Council.

If you have any questions or require additional information, please feel free to contact me at [redacted]

Thank you,
Sergeant Keith Kiszka 134
Grievance Coordinator
[redacted]

[redacted]

New York State Commission of Correction
Inmate Grievance Form Part II

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION

Grievant's Appeal to the Chief Administrative Officer
Must submit within two business days of receipt of the Grievance Coordinator's written decision
I have read the above decision of the Grievance Coordinator and
( ) I agree to accept the decision
(X) I am appealin[redacted]

Grievant Signature: [redacted] Date: 3-4-19

Decision of the Chief Administrative Officer: Number of Sheets Attached ( )
Shall be issued within five business days after receipt of appeal and provided to grievant

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
- ☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
- ☑ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
- ☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
- ☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

Signature of the Chief Administrative Officer: Date: 3/4/19

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and
( ) I agree to accept the decision
(X) I am appealin[redacted]int Review Council

Grievant Signature: [redacted] Date: 3-12-19

Submission to the Citizen's Policy and Complaint Review Council

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY

NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL.

I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.

Signature of the Grievance Coordinator: 134 Date: 3/13/19

New York State Commission of Correction
Grievance Investigation Form

Date(s) of Investigation: 2/19/2019

Inmate's Name: [redacted]

Facility: Orange County Correctional

Facility Grievance Number: [redacted]

Description of the issues

Supplement Attached (2)

Inmate [redacted] s claiming discrimination, unfair/unequal treatment for him being denied to be a trustee.

Interview summary of ALL persons involved with the grievance: List names AND brief summary of each interview

Statements Attached (1)

Sergeant Hernandez - Officer's Report

Summary of Findings

Supplement Attached (1)

Inmate [redacted] grievance was investigated. Upon completion of this investigation, Inmate [redacted] trustee application has been denied. On September 11, 2016 while Inmate [redacted] was a trustee working in the Kitchen the following allegations were made against him: Inmate [redacted] was found guilty during his disciplinary hearing for making harassing statements towards a female civilian Aramark staff. He made derogatory statements of a sexual nature towards this civilian and also blocked the civilian with his arm from her exiting the cooler. Inmate [redacted] actions during this incident has been reviewed and his trustee status has been denied. This incident that involved inappropriate interaction with staff was investigated and substantiated.

List of other relevant information/documentation

Supplement Attached 15

Inmate Misbehavior / Classification checklist / Trustee Selection / Program Policy

Report prepared on: 3/5/2019

Printed Name: Sergeant Keith Kiszka 134

Signature: 134

Title: Grievance Coordinator

New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)

Facility: Orange County Jail Housing Location: [redacted]

Name of Inmate: [redacted] Grievance #: [redacted]

Brief Description of the Grievance *(Submitted by the grievant within 5 days of occurrence)* I received this Grievance
Number of Sheets Attached (1) on 2-19-19 at 2:25 from Sgt. Hernendez

I am filing this Grievance ~~against~~ for Discrimanation 3 Unfair/un-Equal treatment by showing favoratism. I was sentenced 1-29-19 I have requested to be Trustee for Several weeks! No response from C.O Eawanciw, Cpt. Potter told me that he was told that I have a No-contact against an Employee who doesn't WORK here! that left 3 yrs ago! I am eligable to be Trustee. This problem is an —

Action requested by the grievant *(Submitted by the grievant within 5 days of occurrence)*: I ask that this grievance
Number of Additional Sheets Attached ( ) is returned within 5 days as stated below: ....

Also I ask that I receive a copy of this grievance after it has been reviewed 3 completed in a timely manner. I ask that this matter be thourghly investigated. I ask that I be housed in A-1 just as the other sentenced inmates. I deserve fair 3 equal treatment d[redacted] is prohibited. My last Grievance wasn't returned in time. I ask that this.

Grievant Signature: [redacted] Date/Time Submitted: ~~2-22-19~~ 2-22-19

Receiving Staff Signature: 134 Date/Time Received: 2/25/19 @ 0813

Investigation Completed by: 134 Date Completed: 3/4/19

Decision of the Grievance Coordinator Number of Sheets Attached ( )

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-Grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☒ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

This grievance has been Investigated & is found to be without merit.

Signature of the Grievance Coordinator: 134 Date: 3/4/19

unacassary

* (I will also contact DOI 80 Maiden Lane, NY
The Govener at Chamber State Capital 633 3rd Av.
& The Mayor!

Ongoing issue. I am Sentenced, being housed amongst Detainess in who are awaiting sentenceing is a hazard & jeprodizes my situation of going home early for many reasons, Jealousy being one of many inwhich conflict may arise resulting in altercation causeing my good-times to be taken away! uneccassary problems are occuring & I am trying to avoid them the best I can. I want to be Moved. I would like to be Trustee.

Public officers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

It States in the O.C.C.F rules that No one will be shown favoratism. I deserve fair & equal treatment. I Know of several Inmates who went to trustee imediately after being sentenced. No medical physicals No background checks. And I have proof!. Cameras & Computer files dont lie.

* Why has OCJ allowed an Escape Risk! inmate! to be Trustee?! (Yes he was caught with a Cellphone!) Why is he currently a Trustee? yet I have been denied because of a erroneous claim of a No-contact aganist a ghost! (Absent Employee) Cameras & Computer files dont lie as people do. This & everything I have mentioned is fact & substantial! If an Escape risk inmate can be trustee after being caught with a Cellular device! why can't I? (His name is Kenny!) And just in case for some reason my Grievance is denied due to unsubstanial reasons, I explained this to Sgt. Pascal, Sgt Woodardk, Sgt Comblly, Lt. Zippolo, C.O Crittole, C.O Ryan, C.O Dasjar, Sgt. Platt, C.O Lettiemen, Sgt. Hernandez & several others. I also have copies of my letters regarding this matter. I have also made copies of this Grievance. Discrimenation is prohibited I understand Trustee Status is privledged but that doesn't make it ok or acceptable to show favoratism & Discrimination! Not one officer has told me a legitament reason why I am still not housed properly (Trustee) given my situation of being sentenced & housed with detainees inwhich can cause conflict from jealousy. I don't feel safe! Need housed with Inmates of my Status! (Sentenced).

I ask that this problem be solved A.S.A.P!

I will be contacting my Lawyer also, Albany & Sheriff Office. They each will receive a copy of this Grievance

Thanks

[redacted]

Officer's Report

Date of Report: 02/19/19 **Time Report Written:** 1400 Hrs.

Date of Incident: 02/19/19 **Time Incident Occurred:** 1045 Hrs.

Location of Incident: [redacted]

Incident: Inmate [redacted] requesting a grievance on Policy.

Officer Reporting: Hernandez, Angel **Shield #** 131

Narrative: Explain fully any action taken by you, any event observed, information received. Set forth names, other officers, inmates, and a detail of the information of what, who, when, where, and how. Be explicit in all information given.

At 1045 Hrs. while on supervisory rounds in [redacted] Inmate [redacted] requested a grievance. When Inmate [redacted] was questioned as to what his complaint was and he stated that it was in reference to him becoming a facility trustee. Inmate [redacted] stated that he was sentenced to county time and has been waiting to become a trustee for 4 weeks. He was adament that he should be a trustee and does not know why he was denied. I informed Inmate [redacted] that I would call Classifications and inquire as to whether he was denied or approved to become a trustee. Upon completion of my conversation with Classifications Officer Dichiaro, Sharon #267, she informed me that Inmate [redacted] did not fit the criteria for becoming a trustee and was infact denied. Inmate [redacted] was informed of such and I also explained to him that becoming a trustee is a priviledge and not a right, but he still requested to document this formally. Since I could not assist in resolving his complaint informally Inmate [redacted] was granted Grievance [redacted]

End of report.

Reporting Officer Signature: _____ Date: _____

Sergeant Signature: _____ Date: 2/19/19

Shift Commander Signature: _____ Date: _____

Administrator or Designee Signature: _____ Date: _____

ORANGE COUNTY JAIL
INMATE MISBEHAVIOR REPORT

A. You have been cited for an act of misconduct as indicated below. You may be confined to your cell pending your hearing.

Inmate's Name [redacted] Booking Number [redacted] Housing Unit Location [redacted]

Date of Infraction: 09/11/2016 Incident Time: 1215 Incident Location [redacted]

Rule(s) Violated:

A1-12 Make threats/harassing statements to anyone .. .. ..

A1-22 Conduct disrupts/interferes with facilty .. .. A3-01 Excessive noise/diorderly conduct

.. .. A2-06 Entry in unauthorized area A3-02 Disrespect toward officer/staff

Description of Incident: On the above date and time , pursuant to an investigation in regards to allegations made by Aramark staff Supervisor. I was instructed by Lt.Catletti to author this Misbehavior against Inmate [redacted] of [redacted]

Aramark Staff Supervisor submitted statement is as follows : On 09/11/2016 at around 1215 hours, Inmate [redacted] was working as a trustee in the kitchen, and did approach Aramark Civilian Staff, asking if she was married. She responeded that it was none of his buisness. Inmate [redacted] then asked said civilian staff if she could be his "Baby Mama", to which she responds " Absolutely not". Inmate [redacted] then asks if they could be friends, and if she could drive him places when he gets out of jail. Again, she replied with a "No". Inmate [redacted] then follows Aramark staff as she enters the Cooler. It is then reported that Inmate [redacted] places his hand on the door in such a way that the Aramark staff member believed she would not be able to exit the Cooler. At this point the Aramark staff member states she became fearful for her safety. Shortly after, the complaintant states that Inmate [redacted] removes his hand, and she exits the Cooler. Based on these allegations, and pursuant of said investigation into the allegations, Inmate [redacted] was placed in cell confinement on 09/12/2016 @1830, pending further notice. End of report.

Employee Witnesses:none

Other Inmates Involved: none

Employee Name: Sutherland #404 Signature: [signature] IPC Report Date: 09/12/16 Report Time: 1800

Sergeants Findings:

I have reviewed the report and investigated the event. Based on the information provided in the report and the information gained during my investigation, I have determined that the information is true and accurate as reported.

Notes Interviewed Inmate [redacted] on 09-12-2016 at 2081 hours. Inmate [redacted] denied all allegations.

Sergeant Name: M. Berlinski Signature: [signature] Report Date: 09/12/2016 Report Time: 2045

Shift Commander Name: Lt. Pitz Signature: [signature]

B. Command Review: Review Date: 9/12/16 Review Time: 2258.

Page 1 of 2 Incident #: [redacted] Hearing #: [redacted]

Revised 12/08/15

ORANGE COUNTY JAIL
INMATE MISBEHAVIOR REPORT

Name: Rapnolo Rank: CT Signature: [illegible]

Level: I Confinement Pending Hearing: yes ☑ no ☐ ☐ Dismissed at Review

Reason: Reported Inmate misbehavior is a threat to Facility Safety & Security.

C. Copy Served / Delivered to Inmate:

Inmate Signature: Inmate Refused to Sign Date: 9-13-16 Time: 0524

Officer's Signature: [illegible] #116 / [illegible] #27 Date: 9-13-16 Time: 0524

Your due process hearing in regards to the infraction(s) will take place at least twenty four (24 hours) after the date of service, at approximately 0830hours or thereafter. If the hearing date falls on a weekend or holiday, the hearing will commence on the next business day.

D. I hereby waive my right to appear in the aforementioned due process hearing # N/A

Inmate Signature: N/A Date: N/A

 Incident # [redacted] Hearing #: [redacted]

Revised 12/08/15

ORANGE COUNTY JAIL
HEARING REPORT FORM

A. Inmate's Name: [redacted] Booking Number [redacted] Housing Unit [redacted]

Hearing Officer: Lt.Conklin/Lt.Penney/J.Avagnano Hearing Number [redacted] Date of Incident: 9/11/16@1215

Hearing Date Start: 09/18/2016 Hearing Completed: 09/22/2016

A. Charge(s):

Charge	Plea
A1-12 Make threats/harassing statements to anyone	not guilty
A1-22 Conduct disrupts/interferes with facilty	not guilty
.. .. A2-06 Entry in unauthorized area ..	not guilty
.. .. .. A3-01 Excessive noise/disorderly conduct	not guilty
.. .. .. A3-02 Disrespect toward officer/staff	not guilty

B. Summary on Inmate's Statement: I don't understand, and I'm confused about this situation. I want clarification. I ask that there is a perponderance of evidence. I never said those things she says I did. I was probably in the dish room when she says I did those things. I'm a hard worker, and I am only here to do my time. I never said any of these things mentioned. I was no where near her at 1215. I don't know why she said these things.

C. Hearing Dispostion:

Charge	Disposition
A1-12 Make threats/harassing statements to anyone	guilty
A1-22 Conduct disrupts/interferes with facilty	guilty
.. .. A2-06 Entry in unauthorized area ..	guilty
.. .. .. A3-01 Excessive noise/disorderly conduct	guilty
.. .. .. A3-02 Disrespect toward officer/staff	guilty

D. Evidence Relied On: Officer W. Sutherland's submitted misbehavior report, and Sergeant M. Berlinski's statements on said report, following his investigation into the incident. Also submitted as further evidence were reports from Aramark Supervisor Chong, Officer Wetzel, and Officer Gessner.

An extensive video review was conducted of all areas of the kitchen. At approximately 1200 hours, Inmate [redacted] is viewed in the prep area, and entering the cooler. He is also viewed near the cooler door, as reported, and placing his hand against the door frame, appearing to block the entrance to the cooler doorway.

Aramark Supervisor was interviewed following the tabling of this hearing. As a result of this continued investigation, She again confirmed, based on a photo lineup, it was Inmate Allen that made the innapropriate statements, as well as blocked the cooler door with his arm.

Inmates testimony and pleas during this hearing. Attached is a written questions /statement submitted as evidence.

E. Penalty:

Charge	Penalty	Keeplock dates
A1-12 Make threats/harassing statements to anyone	45	
A1-22 Conduct disrupts/interferes with facilty		
.. .. A2-06 Entry in unauthorized area ..		
.. .. .. A3-01 Excessive noise/disorderly conduct		
.. .. .. A3-01 Excessive noise/disorderly conduct		
Total Keeplock days calculated:	45	10/26/2016@0830

ORANGE COUNTY JAIL
HEARING REPORT FORM

If you are found guilty of a violation(s) of Facility rules and Regulations, your account may be surcharged twenty five dollars ($25.00) as an imposed sanction of discipline and which can be collected at any time in the future including subsequent admission into the facility.

F. Reason for Disposition: Your disregard for rules and regulations will not be tolerated. This office sentences you to (45) days in cell confinement to be served in Disciplinary Segregation. This inmate will be credited with (11) days served in Disciplinary Segregation. While under Disciplinary Segregation, you will not receive any Commissary items. Please be advised that any actions similar in nature will result in more severe disciplinary sanctions. The $25.00 fee will be imposed for this Misconduct.

Hearing Officer Signature: LHR 1/R 041 Date: 9/22/16

Inmate Signature: Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures; Date: 9/22/16

Administrator or Designee Review: _____ Date: 9.23.16

G. APPEALS: All keeplock appeals pursuant to NYS Minimum Standards Part 7006.10 are to be submitted in writing to the Chief Administrative Officer or Designee within two (2) business days of the completion of this hearing. Your right to appeal the decision of the hearing officer will expire if not filed within the statutory time. The appeal will be reviewed and a written decision will be returned within five (5) business days. The decision of the Chief Administrative Officer or Designee is final.

☒ **Appeal form issued** ☐ **Appeal form refused**

Hearing Officer Signature: LHR041 Date: 9/22/16

Inmate Signature: Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures; _____ Date: 9/22/16

 Incident #: [redacted] Hearing #: [redacted]

Orange County Sheriff's Office
Corrections Division

Inmate Reclassification Checklist

Inmate Name [redacted] Booking # [redacted] DOB: [redacted]

Present Charge(s): BURGLARY 3RD Felony Class: F/D

NYSID #: [redacted]

If yes to any category, explain below:
Prior attempt at self-injury or suicide: Yes ☐ No ☒
History of sex offenses: Yes ☐ No ☒
History of hostile relationships with other inmates: Yes ☐ No ☒
History of Medical/Mental illness: Yes ☒ No ☐
Prior conviction for attempts/escapes: Yes ☐ No ☒

Attitude and behavior during present and prior incarceration:

0 Misbehaviors-

Any other information, which may affects the safety and welfare of the inmate in this jail:

PER SGT COLBY-DO NO MAKE AN ALPHA-1 TRUSTEE
STAFF N/C W/ ARAMARK NATALIE CHONG
M/H DEPRESSION / ANXIETY / ADHD
OOP ON FILE-COUNTY COURT & C/O NEWBURGH

I have also reviewed any records available from the court or the original delivering jurisdiction, information obtained during the inmates' initial screening and risk assessment. Any relevant and known records maintained by the Department of Correctional Services and/or any county jail in this state, which are accessible to the classification office.

Pertinent Information:

4 NYS 0 OF 3 SF 0 OVF 0 SVF 0 SX
ID CARD ISSUED ON : 08/24/2018
SENTENCED TO 365 DAYS
NO CHANGE IN STATUS

Date Committed: 08/23/2018 Reclass date: February 18, 2019 Classification Class: General Custody
DNA ON FILE ☐No ☒Yes DNA needs to be drawn for NYS Database No ☒ Yes ☐
Registered Sex Offender: ☐YES - ☒NO - ☒ Not Required Offender ID#: ____ Level: ___ Date Expires: ____

Classification Officer: A. Hiland Shield #: 525 Signature 525 time:1:55

ORANGE COUNTY SHERIFF'S OFFICE
GENERAL POLICY
TRUSTEE
SELECTION/PROGRAM

Date Issued:	Date Reviewed:	Approved By:	Pages:
08.11.04	10.25.18	A. Mele	10

I. **POLICY**: It is the policy of the Orange County Correctional Facility to use selected inmates as workers in the facility and on community projects. In the interest of security and public safety a strict selection process is employed. All inmates and Detainees are screened and approved by Classification and Medical before being given a trustee work assignment. Inmate Trustees will assist in the maintenance and upkeep of the Facility and may be assigned to public works and community service projects. Trustees will be selected on an objective basis without regard to race, religion, national origin or sexual preference. An Officer will be assigned to manage the Trustee Program.

II. **DEFINITIONS**:

A. Facility Trustee:

Inmates assigned to work outside of the housing wings, including community projects and work on the facility grounds.

B. Wing Trustee:

Inmates working in the housing wings only; **must** be paid.

C. Housing Unit Trustee:

Inmates assigned to work as a Meal Trustee, Housing Unit Cleaner/Showers/Floor Trustee and Laundry Trustee in their housing unit only.

III. **PROCEDURE**:

A. Facility Trustees - Eligibility:

There are three groups of inmates who may be considered for facility trustee placement. They are divided into levels 1, 2 and 3, as follows:

1. County-sentenced inmates with no holds if approved – may work on any assignment.

2. County-sentenced inmates with misdemeanor or parole holds – may work inside the secure part of the jail only.

3. Unsentenced inmates with misdemeanor cases or parole holds – may work inside of the jail only. Unsentenced inmates, weekenders, military boarders and ICE Detainees cannot be forced to work. With the exception of maintaining proper sanitation within their living area.

4. Inmates with high-profile felony cases WILL NOT be allowed to become a Housing Unit Trustee, unless approved by the Lieutenant or above.

B. Exclusionary Factors:

Inmates with any of the following characteristics will not be considered for placement in trustee status.

1. History of escape or attempted escape from a secure facility, e.g., jail, prison, police lock up, secure DFY or OMH facility.

2. History of sex crimes.

3. History of crimes involving vicious violence, callous violence or violent crimes against children or the elderly.

4. Assault on staff.

5. History of introducing or possessing contraband drugs or weapons in a jail.

6. Current or recent episode of serious mental illness.

7. Poor disciplinary record.

8. Numerous no-contacts in the jail.

9. Serious medical problems.

10. Close custody classification (formerly maximum).

11. History of predatory behavior.

12. Other significant factors.

13. High Profile cases.

14. Protective Custody.

C. ICE Detainees:

1. Detainees may volunteer to work in the Housing Units. Low and Medium Low Detainees may work outside of the unit under direct supervision, without contact with jail inmates.

2. ICE Detainees may work in the housing units. They would be selected on the same basis as other Unit Trustees, see Par. III.E.

3. ICE Detainees must sign a work waiver form.

4. An email of intent to work is sent to the Trustee Coordinator by the Wing Sergeant.

D. Wing Trustees - Eligibility:

1. Most inmates are eligible for these assignments. The following factors should be considered in making a selection:

   a. Escape history.
   b. History of sex crime.
   c. History of vicious or callous violence.
   d. Mental health problems.
   e. Medical problems.
   f. History of predatory behavior.
   g. High Profile cases.
   h. Protective Custody.

E. Housing Unit Trustees - Eligibility:

1. The following factors should be considered in making a selection:

   a. History of vicious or callous violence.
   b. Medical problems.
   c. Serious mental health problems.
   d. History of assault on staff or inmates.
   e. History of predatory behavior.
   f. High Profile cases.
   g. Protective Custody.

F. General Provisions:

1. Trustee payment:

Trustees that perform their assigned tasks properly will be compensated in accordance with the established compensation plan at a rate of $1.00 to $3.00 per assignment as determined by the Trustee Coordinator. Compensation will be based on recorded, positive participation. A posted payroll compensation sheet list will be provided in the housing units.

a. Correction staff will record trustee work attendance on the "Weekly Work **Trustee Payroll Sheet**" and forward it to the **7-3 Wing Sergeant.**

b. **The 7-3 Wing Sergeants will review and sign off on the Trustee Payroll Sheet.**

c. The Trustee Coordinator will forward a completed "Trustee Compensation Form" to the Records department for payment.

2. Trustees that have successfully completed all training and properly performed assigned duties while assigned to the Trustee program shall be issued a certificate of course completion in their assigned area. Trustees that had multiple assignments while being a trustee shall receive a certificate for each course successfully completed.

3. Trustee Searches:

a. Trustees will be pat frisked at regular and irregular intervals as a general security measure. (See policy, inmate searches).

b. All trustees will be pat frisked before entering or leaving their work assignment.

c. All Trustees will be strip searched **by the Court Prep officers** whenever returning from an outside detail or off-ground assignments. Staff will complete a strip search form for each trustee searched.

4. Loss of Trustee Status:

a. If a trustee receives a new detainer that may make him or her at risk, he or she will be immediately removed from the trustee housing unit and work assignment.

b. If a trustee is found guilty of a disciplinary infraction, he may be removed from trustee status.

i. Depending on the disciplinary charge he or she may be permitted to regain trustee status after cell confinement time has been completed.

ii. The determination to reinstate the inmate to trustee will be made by the Trustee Coordinator.

c. If a sentenced inmate refuses to work, that inmate will be subject to disciplinary action and loss of good time.

IV. STAFF RESPONSIBILITIES:

A. Trustee Coordinator:

1. Trustee Coordinator will be responsible for coordinating the necessary trustees needed for area details and their assignments.

2. The Trustee Coordinator will be responsible for selecting inmates as trustees and coordinating with Classification and Medical to ensure that inmates meet the necessary requirements to become a trustee.

3. Coordinates off-ground job assignments for local municipalities.

4. Makes scheduled and unscheduled rounds to off-ground sites.

5. Coordinates the Trustee Detail Officers and maintains security and constant staffing of the loading dock areas.

6. Trustee Selection Process:

a. Trustee status will be determined through the Classification process and will include a decision as to whether the inmate may participate in off-ground projects.

b. An inmate should be sentenced, have a positive in house behavioral record, have no holds and have no disqualifying medical conditions. Parole violators and unsentenced inmates who have holds may be used (voluntarily) as trustees if no sentenced inmates are available.





c. A list of inmates being considered for regular trustee status will be generated by the Trustee Coordinator and sent to the Classification Unit.

d. The Classification unit will review previous incarceration record, criminal history and present charges for violent felonies, escapes, escape attempts, sex offenses, violence toward staff, contraband issues and detainers. The review findings will be forwarded in writing to the Trustee Coordinator.

e. All inmates approved by the Trustee Coordinator after Classification review will be forwarded to the Food Service Contractor for work. The Medical Department completes a Medical Classification form to approve or disapprove the inmate upon his or her intake. The inmate's PPD is read after two (2) days thereby determining the eligibility for Trustee status.

f. Trustee Coordinator will provide a list to the Food Service Contractor of inmates for food service assignment.

g. The facility physician will complete **a Medical Clearance Form** for each inmate and a copy will be **kept in the inmate's medical file in Medical and a Speedy memo will be forwarded to Classifications.**

h. The civilian Food Service staff will provide health education and instruction to all trustees approved for food service. The inmate will sign a Health Education Food Service Workers Guideline hygiene/grooming standards, kitchen rules, food safety, tray washing, dishwasher operating forms and a copy will be held in a records keeping file in the Food Services Office.

i. The Trustee Coordinator will maintain all Trustee selection and clearance records.

j. The Trustee Coordinator will complete an annual review of job descriptions for both inmate's and detainees.

k. The Food Service staff will insure that all inmate's and detainees are properly trained before clearing them for any job assignment or to operate any machinery or tools.

7. Housing Unit Trustee will be Appointed and Removed by the Following Process:


a. The Wing Sergeant will ensure that proper forms are submitted to Classifications for approval and be specific of the job title. The Classifications Officer will then forward a list of inmates recommended to work as Unit Trustees from each unit in the wings to the Trustee Coordinator.

8. Unit Trustee will be Appointed and Removed by the Following Process:

a. If a Wing Sergeant wants to remove a Housing Unit Trustee from his or her work assignment, the Sergeant will request the removal via email to the designated Lieutenant. The inmate will not be removed with the designated Lieutenant's approval except in disciplinary or emergency situations.

9. Trustee Master Assignment List:

a. The Trustee Coordinator generates a Master Assignment List of all trustee work assignments on a weekly basis. It includes the inmate's name, work assignment and date of release.

b. The list is placed onto the Jail Public.

10. Trustee Job Assignment List:

The Trustee Job Assignment List is generated daily by the Trustee Coordinator and includes the following:

a. type of job assignment
b. number of trustees in each job assignment

11. Trustees with Disabilities:

The Trustee Coordinator will be responsible for the development and implementation of modified work assignments for disabled inmates with the input of Medical, Mental Health, Program Services and the approval of Administration.

12. Voluntary Trustee:

a. Unsentenced inmates volunteering for trustee status as the Housing Center Trustee or Meal Server will file a Voluntary Trustee Application form. NOTE to the Wing Sergeant: Final selection will be through the trustee selection process of this policy and Classifications.

b. ICE detainees with a classification level of Low or Medium Low may volunteer to work as a late night kitchen trustee. ICE Detainees must sign a work waiver before working. They may not co-mingle with inmate workers.

c. All detainees may work as housing unit trustees.

B. Supervision of Inmate Work Details:

1. Officers assigned to Outside Details will receive daily assignments from the Trustee Coordinator. Upon receiving off ground assignments, the officer will obtain a facility cellular phone from the Shift Commander's office.

2. Detail Officers will be responsible for the direct supervision of all trustees assigned to them.

3. Detail Officers will ensure that no inmate will be given control or allowed to exert authority over other inmates at any time.

4. Detail Officers will conduct themselves in a professional manner and be courteous to the general public at off-ground work assignments.

5. Detail Officers will perform trustee searches as necessary and consistent with Section II. A.2 of this policy.

6. Detail Officers will utilize department vehicles consistent with policy (see Vehicle Usage policy).

7. Detail Officers will adhere to the following regarding use of equipment.

a. Detail Officers will train Trustees in the use and safety of all equipment that the inmate may use. The inmate and the Officer will sign a training form.

b. Detail Officers will inspect all equipment assigned to them for any Damage before and after use. Any damage will be noted and the Trustee Coordinator will be notified

c. Detail Officers will account for all equipment at the beginning and close of the work assignment.

d. All inmates and Officers on work details are required to use ear and eye protection as necessary and in accordance to OSHA regulations.

e. Detail Officers will evaluate inmates on their details monthly. Inmates are given copies of their evaluations.

8. If an injury is sustained while on an outside work detail, the Officer will notify Security Control immediately who in turn will notify the Shift Commander for further instruction.

   a. If an injury is sustained on the facility grounds, the non-involved trustees will be secured and the injured trustee will be brought to Main Medical for examination and treatment.

   b. At no time will the Officer leave any inmate unattended.

   c. The Detail Officer will file an officer's report of the incident.

9. In the event of an escape, the Officer will first call 911 and then Security Control for assistance.

10. The Outside Detail will notify the Administrative Sergeant when leaving and returning to the building, location of job site and how many inmates for the detail.

11. No inmates are allowed in the Warehouse area, with exception to the cleaning supplies area.

V. REFERENCES:

A. NYSCOC Minimum Standards, §7003.4

B. ACA: 4-ALDF-4B-03, 4-ALDF-4D-11, 4-ALDF-5C-06, 4-ALDF-5C-07, 4-ALDF-5C-08, 4-ALDF-5C-09, 4-ALDF-5C-10, 4-ALDF-5C-11, 4-ALDF-5C-12

Orange County Sheriff's Office
Certificate of Completion

is hereby granted to:

Inmate Name

for completing the required training and necessary practical skills in the vocational field of (Trustee Job Assignment)

Granted: December 18th, 2009

Colonel Anthony M. Mele

New York State Commission of Correction
Inmate Grievance Form Part II

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION

Grievant's Appeal to the Chief Administrative Officer
Must submit within two business days of receipt of the Grievance Coordinator's written decision
I have read the above decision of the Grievance Coordinator and
(X) I agree to accept the decision
(X) I am appealing to the Chief Administrative Officer

Grievant Signature: [redacted] Date: 1/29/19

Decision of the Chief Administrative Officer: Number of Sheets Attached ( )
Shall be issued within five business days after receipt of appeal and provided to grievant

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
- ☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
- ☐ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
- ☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
- ☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

I recently filed a grievance I do not wish to pursue this issue as long as C.O. Griffin isn't around me! I was sentenced to a County year 3 I will be free soon Im not a little Kid I am a Grown Man. I give respect I think I derserve it in return. Thank you for your time. Have a good day.

Signature of the Chief Administrative Officer: _____ Date: _____

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and
( ) I agree to accept the decision
( ) I am appealing to the Citizen's Policy and Complaint Review Council

Grievant Signature: _____ Date: _____

Submission to the Citizen's Policy and Complaint Review Council

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY

NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL.

I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.

Signature of the Grievance Coordinator: _____ Date: _____

New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)

Facility: Orange County Jail

Housing Loca [redacted]

Name of Inmate: [redacted]

Grievance #: [redacted]

Brief Description of the Grievance *(Submitted by the grievant within 5 days of occurrence)* I grieving C.O Griffin for violateing m
Number of Sheets Attached (1) inmate rights of O.C.C.F Pg. 2 #4) . in Also
I am fileing this Grievance against C.O Griffin 415 for Discrimination, Sexaul harrasement, Insubordination, fileing a false report in which (O.C.C.F State nent of Confinement Form) On 1/20/19 I was urinateing around 8:00 a.m C.O Griffin peer ooked threw my unblocked cell door window at my penis while I was useing the toilet

Action requested by the grievant *(Submitted by the grievant within 5 days of occurrence)*: That I be released of cell confineme
Number of Additional Sheets Attached (1) and write up 1/20/19 be dismissed ... also to speak to Administrator.
I ask that this Grievance is thourghly reveiwed & investigated, I ask that I recieve a copy of this Grievance after it's signed and completed in a timely manner by policy. I ask that I not be retaliated against in anyway for my statements regardings sexaul harn nent of C.O Griffin 415. I ask that if this Grievence is denied In anyway that I be directe in a way that I ca [redacted] r..

Grievant Signature: [redacted]

Date/Time Submitted: 1/22/19

Receiving Staff Signature: 137

Date/Time Received: 1/22/19 @ 1205

Investigation Completed by: 137

Date Completed: 1/29/19

Decision of the Grievance Coordinator

Number of Sheets Attached ( )

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- ☐ Non-Grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
- ☐ Grievance Accepted
- ☑ Grievance Denied on Merits
- ☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
- ☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Your Grievance has been Investigated & All claims have been investigated. Your grievance has been unsubstantiated.

Signature of the Grievance Coordinator: 134

Date: 1/29/19

~~note~~ inwhich has happend ~~B~~ before prior. This incecent, I told him to stop looking at me
he refused & then ~~[illegible]~~ returned with an I.A sheet asked me to sign a 6hr I.A I asked
why? he stated I block his veiw into my cell window ~~[illegible]~~ I
told him I didn't violate anyrules & I want to speak to a sgt, He insisted I sign the I.A
sheet I refused because I was inocent he then kicked my door, & said I'll regret my
actions, I then told him he makes me uncomfortable & I ~~[illegible]~~ asked him to stop
harrassing and intaganizing me by psycologically trying to intimedate me into signing a
6hr I.A I dont deserve. It clearly states in the O.C.C.F Rules & regulation hand
book on Pg 2. #4. I did not violate A2-3 on pg 29 of the O.C.C.F hand book.
Which states "Hanging anything on the cell door window that blocks the
officers veiw into the cell". If C.O Griffin claims I violated this infractio
how possibly did he "see" "something" covering my cell light at 8:00 A.M? If my
cell window on the door was blocking veiw ~~[illegible]~~ into my cell!? Thats a contridictio

He ~~[illegible]~~ discrimanated against me when infact other inmates did
actually violate infraction A2-3 in G1 dorm (1-20-19) & he did nothing to
them. I am being confined in my cell, restricted from priveleges of phone, Lawlibre
ect, accessess in which I need to defend myself in my case Im in jail for,
this has caused another hinderance & liability in my defense. I dont understand
Violation of my Constitution rights ~~without~~ isn't fair & equal justice or treatm
evidence of everything I've stated is obtainable & sufficient. There is no reason
I am being segregated & denied my rights. This incedent has caused great
anxiety, I suffer M/H illness & it was difficult for me to speak up about what
C.O Griffin has been doing to me. Sexaul Harrassement in the work place is
an epidremic in the U.S today & Inmates are no diffrent we have rights & It's
my right to stand up & speak up regardless the "consequences". I respectfully ask to be take
off cell restriction in light of my evidence presented in this grievance. I have made 4
copies of this grievance for future refrence. I will also F.o.i.l All disciplinary history
forms and Grievances. M/H ~~is~~ has been notified of his grievance aswell.

(INMATE RIGHTS) of the O.C.C.F Rules. States on Pg. 2-#4. that No inmate will be disciplined ~~[illegible]~~ except for a violation of a published and posted written rule or regulation".

I am currently in cell confinement for an infraction I did not violate, A2-3 of Pg 29 of O.C.C.F Rules.

And this hinderance is causeing a distraction & defect In my defense on my case for court. Which is a violation of my Constitutional Amendment Rights as an equal Citizen of the U.S.

Officer's Report

Date of Report: 01/20/19 **Time Report Written:** 1200

Date of Incident: 01/20/19 **Time Incident Occurred:** 1000

Location of Incident: Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

Incident: Inmate [redacted] request for grievance.

Officer Reporting: Sgt. Louis Pascal **Shield #** 042

Narrative: Explain fully any action taken by you, any event observed, information received. Set forth names, other officers, inmates, and a detail of the information of what, who, when, where, and how. Be explicit in all information given.

On the above date and time, I was assigned as the Charlie Wing Sergeant. After I issued Inmate [redacted] an Inmate Statement of Confinement for having his cell light covered, he stated he wanted a grievance against [redacted] Housing Unit Officer Dennis Griffin 415. Inmate [redacted] refused to sign an Instant Adjudication for the violation and was issued a Misbehavior Report by Officer Griffin at 0705 hours. Inmate [redacted] stated that Officer Griffin ordered him to remove the cover off his cell light and was watching him while he was urinating. I interviewed Officer Griffin and he stated in sum and substance that; while he was on rounds, he ordered Inmate [redacted] to remove a cover off his cell light. Inmate [redacted] was currently in his bed. Inmate [redacted] did comply and removed the cover. Officer Griffin then advised Inmate [redacted] that he was going to be issued a I/A for this violation. Approximately 35 minutes later, Officer Griffin returned to Inmate [redacted] cell with the I/A sheet placing it in the cell door opening. Officer Griffin then went back to his desk. Approximately 15 minutes later, Officer Griffin went back to Inmate [redacted] cell door and removed the I/A sheet. Walking away from the door, Officer Griffin realized the sheet was not signed. Officer Griffin went back to the cell door and requested again for Inmate Allen to sign it. Inmate [redacted] was still in his bed and stated, "get away from my door". Officer Griffin then advised Inmate [redacted] that he was going to be written up for refusing to sign the I/A. Officer Griffin stated he never observed Inmate [redacted] urinating. Officer Griffin stated Inmate [redacted] was in bed during this incident. Inmate [redacted] was issued grievance # [redacted]

Reporting Officer Signature: _____ Date: _____

Sergeant Signature: _____ Date: 1-20-19

Shift Commander Signature: _____ Date: 1-20-19

Administrator or Designee Signature: _____ Date: _____

ORANGE COUNTY SHERIFF'S OFFICE

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924-6740

845-291-4033 FAX: 845-294-1590

SHERIFF CARL E. DUBOIS

KENNETH T. JONES
UNDERSHERIFF

ANTHONY J. WEED
ASSISTANT UNDERSHERIFF

DENNIS D. BARRY
CHIEF DEPUTY

KENNETH A. DECKER
CORRECTIONS ADMINSTRATOR

WWW.ORANGECOUNTYGOV.COM

To: Sheriff Carl E. Dubois

From: C.O. Dennis Griffin #415 415

Subject: Inmate [redacted] Grievance Investigation [redacted]

Date: January 25, 2019

I was working my assigned post as [redacted] Housing Unit Officer, on the following dates 01/08/19 and 01/15/19, Inmate [redacted] was warned and admonished for the rule violation of covering his light which creates a limited visibility to view into the cell. On 01/20/19, I observed the light in cel[redacted] Inmate [redacted] covered by pieces of paper blocking the light and obstructing my view of the interior of the cell. I knocked on the door and ordered Inmat[redacted] to uncover the light. Inmate [redacted] was clothed while getting out of bed and uncovered the light then returned to bed. I informed him I was issuing him an I.A. for the infraction. I issued the only available I.A. for six (6) hours. Inmate [redacted] while lying covered in bed was instructed to sign the form and put it back in the door. Approximately thirty minutes later, I went to pick up the I.A.. Inmate [redacted] was still lying in bed while reading the I.A.. Inmate [redacted] was clothed. I again instructed him to sign it and put it in the door. I came back to his cell door again and retrieved the I.A from the porthole. The I.A. was unsigned. Inmate [redacted] was still lying in bed covered. I informed him that I was issuing him a Misbehavior Report. He stated while lying in bed, "I don't care." He stated, "get away from my door." I notified the above to Sgt Pascal. L. #039. A Misbehavior Report was issued. Inmate [redacted] was placed on cell confinement pending review. At no time did I engage in disrespectfully, offensive or racist conduct with Inmate [redacted]. At no time, did I observe Inmat[redacted] undressed, naked or urinating. I never kicked the inmat's cell door. The light being covered by paper caused the obstruction by not being able to see freely into the cell. End of report.

DUE PROCESS WAIVER

Inmate's Name: [redacted] Booking No.: [redacted]

The above named inmate is waiving his/her right to a Due Process Hearing and agreeing to the below-mentioned sanctions for violating any one of the General Rules located in the Inmate Handbook, pp.8-12.

WARNING #1

Date: 10-' Inmate's Signature:
Incident Location: Housing Unit/Cell:
Officer Officer's Signature: Supervisor's Signature:
Incident Description:

WARNING #2

Date: 10-12-18 Inmate's Signature: X [redacted]
Incident Location: [redacted] Housing Unit/Cell: [redacted]
Officer J Ryan Officer's Signature: 554 Supervisor's Signature:
Incident Description:

Door left unsecure while in dayroom

TWO (2) HOURS CELL TIME

Date: 12-4-18 Start time: 2114 End Time: Inmate's Signature: [redacted]
Incident Location: [redacted] Housing Unit/Cell: [redacted]
Officer Crespo #370 Officer's Signature: W. Crespo #370 Supervisor's Signature:
Incident Description:

Loitering + communicating through Sally port Door w. Housing unit / C-3.
per. ofc. Kastor

FOUR (4) HOURS CELL TIME

Date: 12-16-18 Start time: 2030 End Time: 2230 Signature: [redacted]
Incident Location: [redacted] Housing Unit/Cell: [redacted]
Officer Landaeta Officer's Signature: Supervisor's Signature:
Incident Description:

Disrespectful while I was Reprimanding Another inmate.

SIX (6) HOURS CELL TIME

Date: 1/20/19 Start time: End Time: Inmate's Signature: [redacted] Refused to Sign
Incident Location: [redacted] Housing Unit/Cell: [redacted]
Officer Smith 415 Officer's Signature: Supervisor's Signature:
Incident Description: Inmate's Cell light covered on first hour. Was previously instructed two time uncover light. Was instructed by Sgt Elias also

ONCE ALL SECTIONS OF THE FORM HAVE BEEN FILLED IN, A COPY WILL BE MADE AND SENT TO THE DISCIPLINARY OFFICE. THE ORIGINAL WILL BE KEPT IN THE IA BINDER. WHENEVER AN INMATE MOVES TO ANOTHER UNIT, THE ORIGINAL WILL BE SENT WITH THE INMATE AND BE PLACED IN THE IA BINDER IN THE NEW UNIT. IT WILL BE FORWARDED TO THE DISCIPLINARY OFFICE AT THE TIME OF THE INMATE'S RELEASE.

ORANGE COUNTY JAIL
HEARING REPORT FORM

A. Inmate's Name: [redacted] / Booking Number: [redacted] Housing Unit: [redacted]

Hearing Officer: Sgt. Colby Hearing Number: [redacted] Date of Incident: 01/20/2019 @ 0705

Hearing Date Start: 01/26/2019 Hearing Completed: 1/26/19

A. Charge(s):

Charge	Plea
.. .. A2-03 Hanging anything that blocks officer view ..	not guilty
.. .. A2-10 Disobeying Correction officer ..	guilty
.. .. .. A3-08 Violation of General rules	guilty
.. ..	..
.. ..	..

B. Summary on Inmate's Statement: Inmates rights of OCCF rules on page 4 states no Inmate will be disciplined except for a violation of a published and posted written rule or regulation.

A2-3 Pg. 29 states "Hanging anything on the cell door window that blocks the Officers view into the cell" I committed A3-8 so that I didn't commit A1-11 indecent exposure.

C. Hearing Dispostion:

Charge	Disposition
.. .. A2-03 Hanging anything that blocks officer view ..	guilty
.. .. A2-10 Disobeying Correction officer ..	guilty
.. .. .. A3-08 Violation of General rules	guilty
.. ..	..
.. ..	..

D. Evidence Relied On: Officer D. Griffin's submitted misbehavior report, and Sergeant L. Pascal's statements on said report, following his investigation into the incident.

Inmates pleas during the disciplinary hearing.

E. Penalty:

Charge	Penalty	Keeplock dates
.. .. A2-03 Hanging anything that blocks officer view ..	6	
.. .. A2-10 Disobeying Correction officer ..		
.. .. .. A3-08 Violation of General rules		
.. ..		
.. ..	6	
Total Keeplock days calculated:		1/26/19

If you are found guilty of a violation(s) of Facility rules and Regulations, your account may be surcharged twenty five dollars ($25.00) as an imposed sanction of discipline and which can be collected at any time in the future including subsequent admission into the facility.

F. Reason for Disposition: Your disregard for rules and regulations will not be tolerated. This office sentences you to (06) days in cell confinement to be served in Disciplinary Segregation. This inmate will be credited with (06) days served in Disciplinary Segregation. While under Disciplinary Segregation, you will not receive any Commissary items. Please be advised that any actions similar in nature will result in more severe disciplinary sanctions.

 Incident #: [redacted] Hearing # [redacted]

ORANGE COUNTY JAIL
HEARING REPORT FORM

The $25.00 fee will be imposed for this Misconduct.

Hearing Officer Signature: _____ Date: 1/26/19

Inmate Signature: [redacted] Date: 1/26/19

Approved

Administrator or Designee Review: _____ Date: 1-28-19

G. APPEALS: All keeplock appeals pursuant to NYS Minimum Standards Part 7006.10 are to be submitted in writing to the Chief Administrative Officer or Designee within two (2) business days of the completion of this hearing. Your right to appeal the decision of the hearing officer will expire if not filed within the statutory time. The appeal will be reviewed and a written decision will be returned within five (5) business days. The decision of the Chief Administrative Officer or Designee is final.

☒ **Appeal form issued** ☐ **Appeal form refused**

Hearing Officer Signature: _____ Date: 1/26/19

Inmate Signature: [redacted] Date: 1/26/19

 Incident #: [redacted] Hearing #: [redacted]

ORANGE COUNTY JAIL
INMATE MISBEHAVIOR REPORT

A. You have been cited for an act of misconduct as indicated below. You may be confined to your cell pending your hearing.

Inmate's Name [redacted] Booking Number: [redacted] Housing Unit Location [redacted]

Date of Infraction: 01/20/2019 Incident Time: 0705 hrs Incident Location: [redacted]

Rule(s) Violated:

.. .. A2-03 Hanging anything that blocks officer view ..

.. .. A2-10 Disobeying Correction officer ..

.. .. .. A3-08 Violation of General rules

Description of Incident: On the above date and time I was working my assigned post as Charlie 01 Housing Unit Officer, when I observed the light in [redacted] covered blocking the light and obstructing my view of the interior of the cell. I knocked on the door and ordered Inmate [redacted] to uncover the light. He complied. I informed him I was going to write him an I.A. for the infraction. On two separate instances during the last month, I had instructed Inmate [redacted] to uncover his light and issued a verbal warning. I issued the six (6) hour I.A. I instructed Inmate [redacted] to sign it and put it back in the door. Approximately thirty minutes later, I went to pick up the I.A. and Inmate [redacted] was reading it. I again instructed him to sign it and put it in the door. I came back to his cell door again, the I.A. was retrieved and it was unsigned. I told him again to sign this I.A. and it will be only for six hours. I instructed him, when I write you up it will cost you money and a least a week of keep lock. He refused again telling me to get away from the door. I informed him that he was going to get a write up. He stated he did not care. Sgt Pascal, L. #042 was notified of the above. End of Report.

Employee Witnesses:N/A

Other Inmates Involved: N/A

Employee Name: Griffin, D. #415 Signature: D. Griffin 415 Report Date: 01/20/19 Report Time: 0800

Sergeants Findings:

I have reviewed the report and investigated the event. Based on the information provided in the report and the information gained during my investigation, I have determined that the information is true and accurate as reported.

Notes Inmate stated he covers his light for privacy. Officer Griffin stated Inmate [redacted] was lying on bed at time of this incident.

Sergeant Name: Pascal Signature: [signature] Report Date: 1-20-19 Report Time: 10:13

Shift Commander Name: Amorin Signature: [signature]

B. Command Review: Review Date: 20 JAN 19 Review Time: 2315

Name: C. Rothmond #022 Rank: LT. Signature: LT. C. Rothmond 022

Level: 2 Confinement Pending Hearing: yes ☒ no ☐ ☐ Dismissed at Review

Page 1 of 2 Incident #: [redacted] Hearing #: [redacted]

Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;

Revised 03/17/17

ORANGE COUNTY JAIL

INMATE MISBEHAVIOR REPORT

Reason: YOUR NON-COMPLIANT AND THREATENING BEHAVIOR IS A THREAT TO THE SAFETY AND SECURITY OF THE FACILITY

C. Copy Served / Delivered to Inmate:

Inmate Signature: REF + SIGN Date: 1/21/19 Time: 0419

Officer's Signature [illegible] Date: 1/21/11 Time: 0419

Your due process hearing in regards to the infraction(s) will take place at least twenty four (24 hours) after the date of service, at approximately 0830hours or thereafter. If the hearing date falls on a weekend or holiday, the hearing will commence on the next business day.

D. I hereby waive my right to appear in the aforementioned due process hearing # N/A

Inmate Signature: N/A Date: N/A

Incident #: [redacted]

Hearing # [redacted]

Revised 03/17/17

ORANGE COUNTY SHERIFF'S OFFICE

110 Wells Farm RD, Goshen NY 10924
Telephone: (845) 291-7720
Fax: (845) 291-7771

Orange County Correctional Facility

Statement of Confinement

01/20, 2019, at 0705 hrs. Inmate [redacted], did threaten the safety, security and orderly running of the Correctional Facility by A2-03 Hanging anything blocks view, A2-10 Disobey C/O.You are being placed in Administrative Segregation pending the completion of a Disciplinary Hearing.

Inmate [redacted] was locked in on 01/20 ,2019, at 0705 hrs. pending disciplinary action.

Inmate [redacted] received a statement of confinement on 01/20, 2019, at 1000 hrs.

Placement-Medically cleared by Medical/ Nurse for Disciplinary Segregation:

A. Cupertino RN (Print name) (Nurse's signature) 1/20/19 (Date)

In Accordance with facility policy and procedure all inmates placed in Administrative/Disciplinary Segregation must be evaluated by Mental Health as soon as possible, but no more than twenty four (24) hours after confinement.

(Mental Health Print name) (Mental Health signature) 1/20/19 (Date)

You may be provided assistance according to the New York Minimum Standards section 7006.6 (Discipline), and you may respond, in writing; regarding this lock-in to the facility administrator. You may be confined in lock-in status up to 15 business days pending completion of the disciplinary process, as per section 7006.7.

Inmate's Name [redacted] Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures; Signature: Date: 01/20/19

Zone Sergeant: l. Pascal 042 Signature: Date : 01/20/19

Shift Commander Date: 1-20-19

On-Call Captain Date: 1-21-19

Jail Administrator or Designee Date: 1-21-19

CC: Mental Health Clinic

ORANGE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION

Inmate Hearing Rights

Date: 1/26/19

This is a Level 2, Hearing. You have the right to present oral and/or written evidence on your behalf. You have the right to call witnesses, on your behalf. You have the right to have assistance provided to you.

Nothing said by you can be used against you in a criminal proceeding.

[redacted] understand my rights and obligations.

[redacted]

Sgt Cooper

Hearing Officer: Capt. / Lt./Sgt.

ORANGE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION

Inmate/ Hearing Officer Witnesses

Date: 1/26/19

I, [redacted] do hereby request ☐ I do not request ☒ witnesses at my hearing. I have been advised as per part 7006.8 sub (d) that I am allowed to call witnesses on my behalf. I wish to call the following witnesses:

1.)_____

2.)_____

3.)_____

Type of assistance requested NONE [redacted]

I do hereby request the following witnesses as part of a Misbehavior Hearing for the above inmate.

1.)_____

2.)_____

3.)_____

Sgt Colley

Hearing Officer: Capt. / Lt. / Sgt.

ORANGE COUNTY SHERIFF'S OFFICE/
CORRECTIONS DIVISION

NOTICE OF DISCIPLINARY HEARING

DATE: 01/21/2019

To: [redacted]

From: Discipline Officer

YOU ARE SCHEDULED TO BE PRESENT AT A DISCIPLINARY HEARING ON 01/22/2019 OR AFTER AT APPROXIMATELY 0830 HOURS OR THEREAFTER. IF THE HEARING DATE FALLS ON A WEEKEND OR HOILDAY, THE HEARING WILL COMMENCE ON THE NEXT BUSINESS DAY.

THE HEARING WILL BE CONDUCTED BY A SERGEANT, LIEUTENANT, OR CAPTAIN.

Should the Hearing not be conducted on the above mentioned time for any unforeseen reason or circumstance, then it will be conducted at the hearing Officers earliest convenience.