



ORANGE COUNTY SHERIFF'S OFFICE

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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

FILE-NYSCOC
Complaint



MEMORANDUM

TO: Sheriff Carl E. DuBois
FROM: Lieutenant Michael J. Zappolo #021 (NS)
DATE: July 24, 2019
RE: NYSCOC compliant # [REDACTED]

This memorandum is being authored regarding the NYSCOC complaint that was submitted by Mr. [REDACTED] who was a previously incarcerated inmate who was lawfully committed to the custody of the Orange County Sheriff and released on 04-23-19. On July 22, 2019 I directed Sergeant Jones. Kandi #120 to conduct a comprehensive review and investigation into the matters referenced by Mr. [REDACTED] in his complaint. All matters referenced in complaint: [REDACTED] had previously been addressed during his incarceration. Upon completion of a thorough investigation including a review of Mr. [REDACTED] grievance files I find the information reported by Mr. [REDACTED] to be unsubstantiated. Further, I find that Sergeant Jones investigation into this complaint is complete and accurate with no further action to be taken by his agency moving forward.

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





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MEMORANDUM

TO: Sheriff Carl E. DuBois
FROM: Sergeant Kandi Jones #120
DATE: July 24, 2019
RE: NYS Commission of Correction complaint [REDACTED]

On July 22, 2019 I was directed by Lieutenant Zappolo to investigate complaint [REDACTED] submitted by NYSCOC. Complaint [REDACTED] was submitted by previously incarcerated Inmate [REDACTED] who was time served and released from our custody on 04/23/2019. The letter submitted to NYSCOC is dated 02/25/2019 by Mr. Allen and was stamped received on 07/18/2019 by NYSCOC.

Mr. [REDACTED] initial complaint is in regards to a request for Mental Health records that was addressed in Grievance [REDACTED]. This grievance was a non grievable issue as per NYCRR 7032.4 (h) outside the control of the Chief Administrator.

Mr. [REDACTED] claims that he received inadequate medical care. Mr. [REDACTED] claimed he had lost weight and suffered a heart attack on 09/18/2018 and wasn't treated for it. Per Medical RN Linda Gildea Mr. [REDACTED] was seen on 09/20/2018 when he complained of chest pain. Inmate [REDACTED] was sent to Orange Regional Medical Center at 1136 hours and returned at 1353 hours, diagnosed with unspecified chest pain. Mr. [REDACTED] also entered the facility at 170lbs on 08/23/2018. Mr. [REDACTED] had the following weight checks 10/01/2018 174 lbs, 12/05/2018 187 lbs and 03/16/2019 173 lbs. Mr. [REDACTED] did not have a heart attack and when he did lose weight it was the weight that he had gained while in custody, Mr. [REDACTED] still weighed more than his base weight.

Mr. [REDACTED] states that he filed a grievance on both Mental Health and Medical in which they were both denied. Grievance [REDACTED] against M/H was 7032.4 (h) and [REDACTED] against Medical was denied by the facility, appealed to SCOC and upheld by the commission.

Mr. [REDACTED] claimed that the facility was altering his mail. Mr. [REDACTED] filed Grievance [REDACTED] in which he claimed the Officer would not allow him to sign for his mail (a copy of the signed mail log is in the grievance folder [REDACTED]). The complaint was denied by the facility, appealed to the SCOC and upheld by the commission.

Mr. [REDACTED] also claims that he was sexually harrassed by staff and that he was in fear that he was going to be set up before his release date of 04/22/19. Mr. [REDACTED] filed two Grievances on staff. [REDACTED] which

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



was denied and he accepted the decision and [REDACTED] which was denied, appealed to SCOC and upheld by the commission. Mr. [REDACTED] was time served and released from custody on 04/23/2019.

Mr. [REDACTED] attached Grievance [REDACTED] in which he accepted (a copy of his response is attached). Mr. [REDACTED] also included Grievance [REDACTED] regarding Policy & Procedure. In Grievance [REDACTED] Mr. [REDACTED] complained that he was denied being a trustee. Mr. [REDACTED] received a Misbehavior Report dated 09/11/2016 where he was charged with harassing civilian staff while he was a trustee. Mr. [REDACTED] did in fact have a staff no contact on the female civilian. This Grievance was denied, appealed to SCOC and upheld by the commission.

In response to complaint [REDACTED] regarding Mr. [REDACTED] complaint that he was sexually harassed by staff - this was previously addressed in Staff Grievance complaint's [REDACTED]. End



Commission of Correction

ALLEN RILEY
Chairman

THOMAS J. LOUGHREN
Commissioner

July 18, 2019

Colonel Anthony Mele
Orange Correctional Facility
110 Wells Farm Road
Goshen, NY 10924

Re: Complaint # [REDACTED]

Dear Superintendent:

Enclosed please find a copy of a correspondence received at the Commission from Mr. [REDACTED] alleges that he was sexually harassed by staff while incarcerated at the Orange County Jail. Please review and take any action you deem appropriate.

Your attention to matters of mutual concern is appreciated.

Sincerely,

Paul D. Annetts
Correctional Facility Specialist II

cc: enclosure

Hello,

2-25-19

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

04 I was sentenced to serve 1 yr in OCS. 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 access to my Records. I also was scheduled for court 10-10-18. ~~At the~~ Orange County Mental Health Dept (India Shock) 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! The 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 of have built a stronger defense in which could of altered my judgement in court. At court I explained to Judge Brown

RECEIVED

1111 18 2019

SCOC

(2)

that I suffer M/H illness in which 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 & severely depressed I have lost weight from loss of appetite, I can't receive correct help in OCS and I am emotionally distressed! ✓

Also prior my sentencing I suffered a heart attack on 9-18-18 in C-1 down 14 cell here at O.C.S. 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 released from ~~med~~ OR/MC OCS/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 OCS! ✓

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

③

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

I am currently taking generic Rx here at OCS for PTSD, Anxiety, MMD, ADHD, Schizophrenia, I explained to M/H it makes me very sick. No one has done nothing. I began taking Vistaril & Clonidine & Proxit on 9-11-18 for several months now. I recently discovered ~~at~~ sometime after my heart attack on 9-18-18 that Vistaril is not to be taken with other certain meds like Clonidine (heart rhythm medication) or antidepressants, because it cause serious heart problems! Dr. Sandra Antoniak & Dr. Palmares insisted I continue using the medications. It clearly states that Vistaril should **Not** be used more than 4 months & that it's for short term use **ONLY**! I am afraid I will die in my sleep from cardiac arrest! It is causing serious problems for me. I am indigent without much family support so im very vulnerable here at OCS & ~~as a result~~ gives the Employees here the advantage of forcing us to beg for Grievance forms which is not available on our housing units (By law they should be!) O.C.S is withholding Grievances from us and

mistreating ~~me~~^{us} & violating me & my
U.S citizen rights. This isn't right at all!

I have actual evidence of everything
I've mentioned including ~~the~~ evidence
of my mail being illegally opened & altered
before and after it's sent out! in in.
~~I have also provided Federal Law~~
~~enforcement with evidence of this~~

I believe given the evidence I have ^{here} that
O.C.S is violating Federal Law by
intercepting & opening & withholding my ~~mail~~
mail.

I have filed a Lawsuit ^{against} ~~the~~ this facilities
mistreatment & Sexual Harassment 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 same
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.S 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

~~4/1/19~~
[Redacted Signature] sworn to on 4-25-19
VINCENT J. CZUBAK
Notary Public, State of New York
No. 01CZ6102072
Qualified in Sullivan County
Commission Expires November 24, 2019

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 am grieving C.O Griffin for violating my
Number of Sheets Attached (1) Inmate rights of O.C.C.F Pg. 2 #4 (prisoner's rights) Also

I am filing this Grievance against C.O Griffin #15 for Discrimination, Sexual harassment, Insubordination, filing a false report in which he accused me of sexual harassment (O.C.C.F State ment of Confinement Form) on 1/20/19 which is required to be filed within 5 business days of the incident (O.C.C.F Pg. 2 #4). On 1/20/19 I was urinating around 8:00 a.m. C.O Griffin peeked threw my unblocked cell door window at my penis while I was using the toilet.

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence): That I be released of all confinement
Number of Additional Sheets Attached (1) and write up 1/20/19 be dismissed and... also to speak to the Administrator.

I ask that this Grievance is thoroughly reviewed & investigated, I ask that I receive 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 regarding sexual harassment of C.O Griffin #15. I ask that if this Grievance is denied in anyway that it be directed in a way that I can address this matter.

Grievant Signature: [REDACTED]

Date/Time Submitted: 1/20/19 1/22/19

Receiving Staff Signature: [Signature] 137

Date/Time Received: 1/22/19 @ 12:05

Investigation Completed by: [Signature] 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: [Signature] 137

Date: 1/29/19

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

Facility: Orange County Jail
Name of Inmate: _____

Housing Location: _____
Grievance #: _____

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} ~~against~~ Discrimination & Unfair/Unequal treatment by showing favoritism. I was sentenced 1-29-19 I have requested to be Trustee for several weeks! No response from C.O Eawanciw, Capt. Potter told me that he was told that I have a No-contact against an Employee who doesn't WORK here! ~~that~~ ^{they} left 3 yrs ago! I am eligible 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 (1) 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 thoroughly 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 me. I ask that it is.

Grievant Signature _____

Date/Time Submitted: 2-22-19

Receiving Staff Signature: _____

Date/Time Received: _____

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: _____

unnecessary

Ongoing issue. I am Sentenced, being housed amongst Detainees in C-1 who are awaiting Sentencing is a hazard & jeopardizes my situation of going home early for many reasons, Jealousy being one of many in which conflict may arise resulting in altercation causing my good-times to be taken away! unnecessary problems are occurring & I am trying to avoid them the best I can, I want to be Moved. I would like to be Trustee.

It states in the O.C.C.F rules that No one will be shown favoritism. I deserve fair & equal treatment. I know of several Inmates who went to trustee immediately after being sentenced. No medical physicals, No background checks, And I have proof! Cameras & Computer files don't lie.

* Why has O.C.S 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 against a ghost! (Absent Employee) Cameras & Computer files don't lie in people do. This is 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 unsubstantial reasons, I explained this to Sgt. Pascal, Sgt. Woodard, Sgt. Combs, Lt. Zippolo, C.O. Crittelle, C.O. Ryan, C.O. Dwyer, Sgt. Platt, C.O. Lettman, Sgt. Hernandez & several others. I also have copies of my letters regarding this matter. I have also made copies of this Grievance.

Discrimination is prohibited I understand Trustee Status is privileged but that doesn't make it ok or acceptable to show favoritism & Discrimination! Not one officer has told me a legitimate reason ^{why} I am still not housed properly (Trustee) given my situation of being sentenced & housed with detainees in which ~~is~~ can cause conflict from jealousy. I don't feel safe! Need ~~not~~ ^{to} be housed with Inmates of my Status! (Sentenced). I ask that this ~~and~~ problem be solved A.S.A.P!

I will be contacting my Lawyer ^{also} Albany & Sheriff's Office. They each will receive a copy of this Grievance.

Thanks

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 the decision

Grievant Signature _____

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. I will be free soon. I'm 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: _____