









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:

Lieutenant Luis A Moreno 020 (7

DATE:

January 29, 2021

RE:

New York State Commission of Corrections complaint

This memorandum is in response to New York State Commission of Correction complaint in filed by Inmate and Investigation January 17th 2021. The complaint was forwarded to the facility for review and investigation January 25th 2021. In sum and substance, Inmate Inmate Institute Inmate Institute Inmate Institute Inst
In sum and substance, Inmate claims that staff lied and refused to transport him to a medical appointment outside of the facility. This grievance was thoroughly investigated by Grievance Coordinator Sergeant Keith Kiszka 134 and found to be without merit. Inmate refused to accept the grievance decision and an appeal was subsequently forwarded to the Citizen's Policy and Complaint Review council on 1/14/2021. I have reviewed the circumstances regarding this grievance. After review of all supporting documentation regarding this complaint it was found that Inmate refused to go to the scheduled appointment because he did not want to be subject to a mandatory quarantine upon his return to the facility. Due to the ongoing global pandemic all inmates are required to quarantine for the specified time period upon return from any medical visit outside of the facility. Once made aware of the quarantine procedures Inmate refused to report to movement control for the transport. Inmate was later called to Main Medical to speak with the Health Services Administrator Marsha Dixon in regard to his concerns with the mandated guarantine period. HSA Dixon explained that he would not be exempt from the quarantine period. Inmate did subsequently agree to the quarantine period after speaking with HSA Dixon however, the delay caused the appointment to need to be rescheduled. The appointment was rescheduled for the earliest available date in January 2021. Inmate grievance in this case is unfounded. Inmate actions caused the delay in the original appointment which was subsequently rescheduled and attended without incident. (Supporting documentation included)











spoke with Inmate regarding the complaint received on January 28th, 2021. Inmate	eiterated
that he did not believe that his concerns were being properly investigated and that his appeals were	not being
forwarded to the Citizen's Policy and Complaint Review Council. Inmate could not provide	
example of this claim. I explained to Inmate that I had personally reviewed each examp	le that he
provided in his complaint. In each of the examples provided, Inmate refused to accept the complete in his complaint.	
the Chief Administrative Officer and his signature was required to verity that he wished to app	
Citizen's Policy and Complaint Review council. H <u>is signa</u> ture was present on each document and	•
was issued. In conclusion, I find that Inmate complaint to the New York State Comm	
Corrections is unfounded. Inmate claims that his grievances are not investigated are false	
the three examples provided by Inmate have been investigated and found to be without me	
reviewed those decisions and concur with the findings. Inmate concerns that his grievance	
making it to Albany" are also unfounded. In each of the examples provided, Inmate refused	
the decision rendered and the grievances were forwarded to the Citizen's Policy and Complain	nt Review
council.	

CC:

Files





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



### SHERIFF CARL E. DUBOIS

KENNETH T. JONES
UNDERSHERIFF

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DENNIS D. BARRY CHIEF DEPUTY ANTHONY M. MELE
CORRECTIONS ADMINISTRATOR

WWW.ORANGECOUNTYGOV.COM

## **MEMORANDUM**

TO:

Sheriff Carl E. DuBois

FROM:

Lieutenant Michael Zappolo #021

DATE:

January 28, 2021

RE:

Response to NYSCOC Complaint

On 01-28-2021 I was directed to author a memorandum in response to a complaint made to the New York State Commission of Correction by Inmate In his compliant, Inmate I "sat around laughing about it". At no time did an officer use the "N" word in my presence towards inmates or about inmates. If this was to occur in my presence, appropriate supervisory action would have taken place. End













FAX: 845-294-1590



### SHERIFF CARL E. DUBOIS

DENNIS D. BARRY CHIEF DEPUTY

KENNETH T. JONES UNDERSHERIFF

ANTHONY J. WEED ASST. UNDERSHERIFF

ANTHONY M. MELE CORRECTIONS ADMINISTRATOR

WWW.ORANGECOUNTYGOV.COM

To: Sheriff Carl E. Dubois	
From: Grievance Coordinator Sgt. Keith Kiszka 1	36 /h

Date: 1/28/2021

Regarding: Inmate	Grievance	
	_	

On 1/28/2021 Lwas directed by Lieutenant Luis	Moreno 020 to author a memorandum regarding
allegations made by Inmate	
him "His panerwork will not go anywhere if I have	ve anything to do with it." I have never said anything like this
to Inmate also stated the	nat none of his grievances are being submitted to the New
York State Commission of Corrections. Any grid	evance of Inmate has been appealed in accordance
with facility policy and procedure and New York	s State Commission of Corrections. Inmate as also
received receipts for any grievance that has be	en appealed to the Citizens Policy Complaint Review Board
(See attached receipts)	











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



ALLEN RILEY Chairman THOMAS J. LOUGHREN

Commissioner

January 25, 2021

Sheriff Carl Dubois Orange County Sheriff's Office 110 Wells Farm Road Goshen, New York 10924

RE: Complaint #

Dear Sheriff Dubois:

Enclosed please find correspondence received by the Commission of Correction from Mr. who is currently incarcerated at the Orange County Jail. Mr. alleging that he has been physically assaulted by staff and have had staff use racial sturs towards him.

I am requesting that an investigation be conducted regarding the aforementioned complaint. If such an investigation has already been completed, please forward the results of the investigation to the Commission. If an investigation has not been completed, please conduct an investigation into the complaint and forward the results to the Commission by March 25, 2021.

Thank you for your cooperation in this matter.

Sincerely,

Terrence Moran
Director of Operations

cc: Cynthia Allen, Supervisor Attachment

RECEIVED JAN 2 1 2021

Dear Mr. AlFred E. Smith 1-17-21 Hello Sir use don't know me, My name is I am writing to The about an on aging issue with myself 1st's foremust but not limited to many immates with the same 1550e OF the Cornerance Administrations nealest & bias acts on my serious Charerns here at Crange County Corrections Facility (See All Atlachments Please) I have named Esent numerous acievances in the post with no response & most recently have bean violated by being told by the Crievanier Coursemator Sy Vitzska thering paper work will not as anywhere if he has confthing to do with it end Quate. now I truelly believe none of my prior Concerns made it to Albany & neither with my most recent that I am sending now. Content's contain my serious Expeccessory outside treatment due to or homific accendent to which I am required special needs. As well as two oriennes that were reglected & not picked upon times I was foulted for the Jail's neglect even though I submitted all my paper works on time in accordance to Form SCUC 7072-1 avioletines. The seriousness of my Concerns have been notated so please look into my issue. I have expusted all remedies possible & am tru principal mas I work of sic southing with so

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

Facility: Orange County Percentual Facility Housing Location:
Name of Inmate  Grievance #
Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)  Number of Sheets Attached ( )
On Dec 15,2000 I was dragespeetfully denied my extremely neccessary
De sappointment for my back injury at my coffsiche Dis Facility? by lies From Officer Edecison Son Contrar Claiming T
refused my appointment & I was deaied my agreence from also lied +
he never reported it. (See Atlackments)
Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):  Number of Additional Sheets Attached (2)
I want both of these officers to be demoted & punished
for these malicouse acts towards me Ema medical needs.
Howell as a agreement that this can not a will not began to smother when medical medical and in the City
The terms will be the second of the second o
Date Time Submitted: 18-26-40 1030 am
Receiving Staff Signature: Date/Time Received: 12/29/2020 0747
Investigation Completed by: Date Completed: 1/8/2024
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 §7632.4(h) (may not be appealed to CAO)
Grievance Accepted  Grievance Denied or 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 was juvesticited & fand to be
without went. You did in back lasse land
foctous Appointment on December 18th 200
Your Appointment has been Sib Someth, Relighted
for Many source of 2001 street
Any Stess hed You verbally Refused your visit.
Signature of the Grievance Coordinator: Date: 15/202
Date: 1 d Co - 1

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

To whom it May Concern

I am writing this grievance
dut to the Malicouse & neglect ful actions taken
by (1) Officer Education i Hursing Stuff aswell
oxo Say Concour. The cirtions there officers is
Staff Member displanted on Tuesday Dec 15 2020
in recognition to my extremely necressing crequired
medical attention for my back Injuries at an extricte
Facility Can not be offersed any further. Sig Conray
I OFFitzer Extension have displayed matiez à prédépublic
behavior towards me repeatedly with revails
to this oficiance in medical issues.
Both of these officers refused my outside
recessor Disappointment without my
Sou so or germsten. I sat around all
morning waiting to leave at 12:30 pm 12/15/20
only to find out it was refused by Officer
Ection wort permission from me couhen
I asked for a afterance, Sry Contag lied
to my face stating he had a recording
of me refusing my medical attention. (E)
These are bold polyfant & racist lies
ogainst me. These Dr's appointments are
Assection in to my treatment of proper recovery :
I would never refuse them no matter O
What . I was civiting a prepared to quaranting
what. I was uniting i prepared to quarantine upon my seturn che to the fact I need
these wedical tests done.
Therefore for these offices to lie

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

E refuse my medical emergency &
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in my correct lawsuit for my injury.
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human beings They fore not allowed to
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2 I want action taken immediately
Remobile Submitted
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P.S. These are Clear Eunjust Victations to My
right's protected by the Constitution as well
es Violations to the Finilities Cruilletines for
hundle such protocol perceluces.
In-Acceptable

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

061 Housing Location: Facility:\_\_ Grievance #: Name of Inmate: Brief Description of the Grievance (Submitted by the grievant within 5 days of pccurrence) Tails Correvance is bring added to a Federal Law Suit" Number of Sheets Attached ( ) Concerns to trust the administration to do the Night thing. It's obvious Action requested by the grievant (Submitted by the grievant within 5 days of occurrence): Number of Additional Sheets Attached ( ) " This Engineer is being scart directly To Albania Authority for convertigation Date/Time Submitted: Grievant Signatur Receiving Staff Signature: Date/Time Received: Date Completed: Investigation Completed by: 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 FYCRR §7032.4(h) (may not be appealed to CAO) ☐ Grievance Accepted ☐ Grievance Denied on Werits 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: Submitted this I day after I recieved it on time

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

Facility:	QC	Housing Location:	may a manage
Name of Inmate:		Grievance #:	wantering .
	Grievance (Submitted by the griev	vant within 5 days of occurrence)	and the second second
Number of Sheets Attac	hed (I) TAIS	Consume is being added to	afecteral Lacy dust
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any of these	ill will & missinger	treatment what so	Ever . See Atlachments
Number of Additional Sh	* :	vieromoe is being Sept Directly	to Albany Authority for investig
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and the second s		2 Tero tolerance pelic	A M
	1) Comment of the com	in Old animust Corni	
complesed lawner	Almand Derinal 15	Lick Live's Matte	
Grievant Signature:	man file all managements	فسنبلين	10/30/00 8 pm
Receiving Staff Signature	e: <u>C. J. 3-15</u>	Date/Time Received: /	19/2001 0797
Investigation Completed	by: 179	Date Complet	ed: 1/11/2021
Decision of the Grievanc Written decision shall be reasons underlying the o	issued within 5 business days	Number of Sh of receipt of grievance and shall in	nclude specific facts and
☐ Non-Grievable issu	ue as per 9 NYCRR §7032.4(t	n) (may not be appealed to CAC	5 ま
☐ Grievance Accepte	ed .	.,	2 37=
☐ Grievance Denied	on Merits	×	>17 = 37
Grievance Denied ( appealed to CAO)		lays of act or occurrence (can l	be - 1 5 3 3 3 3
☐ Grievance Accepte below)	ed in part/ Denied in part (No	te specific Acceptance/Denial p	parts 9 d
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		You Received the	5 griennee
0~ 12/29/2020	o extructs not r	received ontil-1/1	1 2021 @ 0747.
i i			
Signature of the Grievand	ce Coordinator:	134	Date: 1 ((   2071
I Submitted A	Hist day ofter:	I recieved it on -	time"

To whom it may Concern: have expressioned unusual treatment to whole Stay of incorceration be trusted in this position to Namble grievences was recently soverturated himself his word doing se settion Fice Cappelli has intronduted a rised & they both concerd laughing about Officer Hoffield to with I have grieved your his rutions of staking me for no Lis not permitted said offices have Continuously violated i sofety only to have a torped These efflers at hore proven to don't care to keep peace or justice for in so now I will exercise my right to ot thin by the Wigher authorities.

ير المالية

ORANGE COUNTY JAIL 110 WELLS FARM ROAD GOSHEN, NEW YORK 10924

STATE Commission of Correspondence of Correspondence E. Smith State of the 80 South Street 12th floor Albany N.y 12210

letani Mali.

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 WWW.ORANGECOUNTYGOV.COM

ANTHONY J. WEED ASST. UNDERSHERIFF

Date: 1/21/2021

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 Complaint Review Council.

or appeal to the Citizens Policy and

If you have any questions or require additional information, please feel free to contact me a



Thank you, Sergeant Keith Kiszka 134 Grievance Coordinator













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 ASST. UNDERSHERIFF

DENNIS D. BARRY CHIEF DEPUTY ANTHONY M. MELE CORRECTIONS ADMINISTRATOR

### **GRIEVANCE RECEIPT**

Name Inmate ID #

Date:1/21/2021

REF: Grievance #

Please be advised your appeal has been submitted to The Citizen's Policy and Complaint Review Council this date.

Sincerely,

Sergeant K. Kiszka #134 Grievance Coordinator Corrections Division

cc: file











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

Facility: OL)	Housing Location:
Name of Inmate:	Grievance #:
Brief Description of the Grievance (Submitted by the grievant Number of Sheets Attached ( ) This Carrevance	within 5 days of occurrence) 's being added to a Federal Law Sust"
This is directed towards the Grievance (	
had numerous issues only to be ignor	ed. Officer Kitszka, Sza Smorelli, SzaMu
, , , , , , , , , , , , , , , , , , , ,	gievener issue + hat each said complaint
	is not how its suppose to work. Myiss
Concerns & trust the obtainstration to Action requested by the grievant (Submitted by the grievant was a Mumber of Additional Sheets Attached () ** To be a few of the concerns the concern	cothe Mant to helped fairly & heard on coutting 5 days of occurrence):
	calministration to make some serious
	ocal so that immates are heard it treat
_ ()	earing for all immides to be heard on
their 1550PS & What's noise to be of	lone By Admin. to rectify our Concer
Grievant Signatui	Date/Time Submitted: 12-31-20 12pm
Receiving Staff Signature:	Date/Time Received: // 1/2001 9747
Investigation Completed by:	Date Completed: // 1/2024
<u>Decision of the Grievance Coordinator</u> Written decision shall be issued within 5 business days of reasons underlying the determination	Number of Sheets Attached () receipt of grievance and shall include specific facts and
☐ 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 day appealed to CAO)	s of act or occurrence (can be
☐ Grievance Accepted in part/ Denied in part (Note	specific Acceptance/Denial parts
Your grierence has been	Schmitted Syrond the Occurrence You were issued 200. It was not received
(8) days of the act on	Occurrence. You were 1854
11/2021 @ (AY7.	riso. IT was not received
	1 1
Signature of the Grievance Coordinator:	134 Date: 1/1/2021

### 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

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	Grievant's Appeal to the Chief Administrative Officer  Must submit within two business days of receipt of the Grievance Coordinator's written decision
Crievant Signatu  Decision of the Guer Administrative Officer;  Number of Sheets Attached { } )  Mon-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(h))  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 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 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: D	
Decision of the Ciner xuminissiance Ornicer.  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(h)  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:	( ) I am appealing to the Chief Administration Officer
Shell 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(h)  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:	Grievant Signatu  Date: 1-11-21
Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(I))  ☐ 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(I) for the Accepted portion of grievance)  Signature of the Chief Administrative Officer:  Date:	<u>Decision of the Cinier Auministrative Onicer:</u> Number of Sheets Attached ( )  Shall be issued within five business days after receipt of appeal and provided to grievant
Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(II)  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(I) for the Accepted portion of grievance)  Signature of the Chief Administrative Officer:  Date: Oliveol  Signature of the State Commission of Correction.  I have read the above decision of the Chief Administrative Officer and lagree to accept the decision I am appealing  Grievant Signature:  Submission to the Citizen's Policy and Complaint Review Council  NOTE: I grillevant has been transferred or relleased from the Facility, Forward to CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE 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 CHIEF'S POLICY AND COMPLAINT REVIEW COUNCIL.  IHAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CHIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. IHAVE ENCLOSED WITH THIS GRIEVANCE SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTIMENT DOCUMENTS.	☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
☐ 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(I) for the Accepted portion of grievance)  Signature of the Chief Administrative Officer:	
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(I) for the Accepted portion of grievance)  Signature of the Chief Administrative Officer:  Date:	
To CPCRC)  Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(I) for the Accepted portion of grievance)  Signature of the Chief Administrative Officer:  Date: Olly Zoz /  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  Grievant Signature:  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 IN ITS ENTIRETY  NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE 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 PERIMENT DOCUMENTS.	appealed to CPCRC)
Signature of the Chief Administrative Officer:  Date: Ollyzoz /  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    agree to accept the decision     am appealing     am appealing     Grievant Signature:    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 REMEDDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTIMENT DOCUMENTS.	to CPCRC)
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    lagree to accept the decision   lam appealing   lagree to accept   lagr	☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(I) for the Accepted portion of grievance)
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I have read the above decision of the Chief Administrative Officer and  ( ) I agree to accept the decision I am appealing  Grievant Signature:    Date:	Signature of the Chief Administrative Officer: Date: 01/19/202/
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	12/2/21

### New York State Commission of Correction Grievance Investigation Form

Date(s) of Investigation: 12/29/2020	Lance Colo Alleron
Facility: Orange County Correctional	Inmate's Name
Facility:	Facility Grievance Number:
Inmate s cliaming that Grievance Coordin and Kiszka have told him before seeing his grieva denied.	Supplement Attached ( <b>)</b> nator, Admin of OCJ, Sergeant Cimorelli, Sergeant Murphy, ance all said that each complaint will go nowhere and be
Interview summary of ALL persons involved with the AND brief summary of each interview	e grievance: List names Statements Attached (1)
Sergeant Cimorelli - Officer's Report	
	,
Summary of Findings	Supplement Attached (
This grievance invesstigation is on file if requeste not collected until 1/4/2021. This puts this grievan	d. The following grievance was issued on 12/29/2020 and was nce outside the 5 days of the act or occurrence.
List of other relevant information/documentation	Supplement Attached
Logbook Documentation	
Report prepared on: 1/11/2021	Printed Name: Sergeant Keith Kiszka 134

Title: Grievance Coordinator

## Officer's Report

<b>Date of Report</b> : 12/29/2020	Time Report Written: 1435
<b>Date of Incident:</b> 12/29/2020	Time Incident Occurred: 1045
Location of Incident:	
Incident: Inmate	requested a grievance.
Officer Reporting: Sergeant Joseph	Cimorelli Shield # 142
Narrative: Explain fully any action taken names, other officers, inmates, and a detail of explicit in all information given.	by you, any event observed, information received. Set forth f the information of what, who, when, where, and how. Be
Wing Sergeant. While on rounds in requested a good Daniel Cappelli 522 was a racist. I aga involving Officer Cappelli. Inmate	grievance. Inmate stated that Officer asked Inmate for an incident. Inmate for an incident
·	
Page 1 of 1 Pages Reporting Officer Signature:	Date:
Sergeant Signature:S	Date: 12/29/2020
Shift Commander Signature:	Date: 12/29/2020
Administrator or Designee Signature:	, Date:

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924-6740

845-291-4033

FAX: 845-294-1590





KENNETH T. IONES UNDERSHERIFF

ANTHONY I. WEED ASSISTANT UNDERSHERIFF **DENNIS D. BARRY** CHIEF DEPUTY

ANTHONY M. MELE CORRECTIONS ADMINISTRATOR

WWW.ORANGECOUNTYGOV.COM

## **MEMORANDUM**

TO:

Sheriff Carl E. Dubois

FROM:

Sergeant Vincent Murphy 062 5gt. 216 067

DATE:

January 4, 2021

RE:

grievance.

I am authoring this memo at the direction of Sergeant Keith Kiszka 134 in response to Grievance
by Inmate I have not ignored any issues from Inmate Inmate
has requested numerous grievances from me which I have issued to him. I have tried to solve
Inmate issues and explained the reason for some of the issues. Inmate
findings and requested a grievance anyway. I have never told Inmate that his grievances would go
nowhere or be denied. End of memo

CC;

Files















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:

Sergeant Joseph Cimorelli 142 55 Cull 172

DATE:

January 5, 2021

RE:

In response to Grievance

On 01-05-2021 I was directed to give a written response to Grievance requested two grievances from me on 12/29/20zu. I issued inmate grievances as requested on 12/29/2020 and I have issued Inmate other grievances prior to the two issued on 12/29/2020 and at no time have I state that the grievances will go nowhere or be denied. End of Memo.











ムマリ H. Lapollo /S. E. Conroy Kongle 89 rievances Searches

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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
WWW.ORANGECOUNTYGOV.COM

ANTHONY J. WEED ASST. UNDERSHERIFF

Date: 1/14/2021

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 Review Council.

for appeal to the Citizens Policy and Complaint

If you have any questions or require additional information, please feel free to contact me a



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

Thank you, Sergeant Keith Kiszka 134 Grievance Coordinator











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



## 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 ASST. UNDERSHERIFF **DENNIS D. BARRY** CHIEF DEPUTY

ANTHONY M. MELE CORRECTIONS ADMINISTRATOR

#### **GRIEVANCE RECEIPT**

Name:

Inmate

Date: 1/14/2021

REF: Grievance #

Please be advised your appeal has been submitted to The Citizen's Policy and Complaint Review Council this date.

Sincerely,

Sergeant K. Kiszka #134 **Grievance Coordinator Corrections Division** 

cc: file











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

Facility: Orange County Ameritan Facility Housing Location
Name of Inmate:  Grievance #:
Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence)  Number of Sheets Attached ( )
On Dec 15, 2000 I was disrespectfully denied my extremely neccessary
Dr's appointment for my back injury at my cost side Dr's Facility?  by lies from Officer Eckerson is 5ry Conray Claiming I
Coffice of the control of the contro
refused my appointment: I was denied my agreence fives also lie he never reported it. (See Attachments)
Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):  Number of Additional Sheets Attached ()
I want both of these officers to be demoted a punished
for these malicouse acts towards me ima medical needs.
Ho well as a agrantee that this can not is will not
happen to another who has special medical needs in this Faci
Grievant Signature Publicofficers Law Section reveal criminal investigative techniques or procedures, except routine techniques and procedures;  Date/Time Submitted: 13-26-30 11:30 a.
Receiving Staff Signature: Date/Time Received: 12/29/2020 074.7
Investigation Completed by: Date Completed: 1/5/2024
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
<ul> <li>□ Non-Grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)</li> <li>□ Grievance Accepted</li> </ul>
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 was jovestacled & fort to be
without hem ky Yan did in back la firse with
(loctous Appointment on December 18th 200
Your Appointment has been Sits Somewith Resiched Had
for Capallary of 2021. There is no evidence that
they stoot hed- you verbully letused your Visit.
Signature of the Grievance Coordinator:  Date: 15 702

To whom it May Concern: am writing this grievance dut to the Malicousic neglect ful actions taken by (1) Officer Ederson & Dursing Staff aswell asi) Scy Concou, The actions these Officers & staff Members displayed on Tuesday Dec 15 2020 in reopends to my extremely neccessary c required medical attention for my back Injuries at an conside facility can not be offened any further. Say Conrow I Officer techerson have displayed malice i predente behavior towards me repeatedly with regards to this ocievance & my medical issues. Both of these officers refused my outside neccessors Dr's appointment without Son so ox permission. I sat around all morning wating to leave at 12:30 pm 12/15/20 only to find out it was refused by Officer Eckirson wort permission from me when I asked For a grievance, Sry Conrou to My Face stating he had a recording of me refusing my medical attention. These are bold blutant cracist organist me. These Dr's appointments are
Accessory to my treatment a proper recovery &
I would never refuse them no matter What . I was uniting a prepared to guarantine upon my return due to the Fact I need these wedical tests done. Therefore for these officers to

E refuse my medical emergency è appointment they will be held eccumable For my injury. Corcent lawsuit My afformers know of this officers in the wrong. These officers have abused their against me in what I know & Feel is ucial profiling of Me as a person human being. They are not allowed Kurt inmodes weather physically or mentally They are supposed to helperdothe P.S. These are Clear Euniust violations to My rights protected by the Constitution as well as Violations to the Facilities Civilletines to handle such protoco/procedures.

#### 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 appositing to the Chief Administrative Officer
Grievant Signatu Date: /-5-20
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
<ul> <li>□ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)</li> <li>□ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))</li> <li>□ Grievance Denied on Merits</li> </ul>
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(I) for the Accepted portion of grievance)
Signature of the Chief Administrative Officer: Date: 01/11/202)
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 /
Grievant Signatu
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
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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 ROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTMENT DOCUMENTS

Signature of the Grievance Coordinator:

#### New York State Commission of Correction Grievance Investigation Form

Date(s) of Investigation: 12/15/2020	Inmate's Name
Facility: Orange County Correctional	Facility Grievance Number:
	Supplement Attached (5) pointment for an outside the facility appointment. Inmate a Conroy refused his appointment. That he was denied
Interview summary of ALL persons involved with the griev	vance: List names Statements Attached (╽)
AND brief summary of each interview  Sergeant Conroy - Officer's Report	•
Congount Conney Chicara Report	•
Summary of Findings	Supplement Attached ()
This grievance has been investigated which is on file if it was submitted beyond the 5 days of the act or occurr grievance. Inmate Stubbs has a history of being issued	
List of other relevant information/documentation	Supplement Attached
Logbook Documentation / Black Creek Document	
	·
Report prepared on: 1/5/2021	Printed Name: Sergeant Keith Kiszka 134
Signature: 134	Title: Grievance Coordinator

#### Officer's Report

<b>Date of Report</b> : 12/24/2020	Time Report Written: 1400
Date of Incident: 12/24/2020	Time Incident Occurred: 1047
Location of Incident: Publications Law Section reveal criminal inve	ssigative techniques or cedures.
Incident: Inmate	equested a grievance on Medical.
Officer Reporting: Sergeant Keith Co	onroy Shield # 117
Narrative: Explain fully any action taken names, other officers, inmates, and a detail of explicit in all information given.	by you, any event observed, information received. Set forth the information of what, who, when, where, and how. Be
At this time, Inmate grievance on Medical. Inmate doctor visit and Officer Jason Emersor visit. At 1045 hours, I spoke with Head Marsha Dixon stated that Officer Emer Inmate was refusing the transements and the medical transport. HSA Marsha Dixon Main Medical so he could be educated his medical appointment and that durantined for a fourteen day period quarantined and did not go to his medical	dent, I was the assigned Delta Wing Sergeant ars, I was conducting a Supervisory round in requested a states he was scheduled for an outside on advised Medical that he was refusing the alth Services Administrator Marsha Dixon. HSA erson did not in any way advise them that sport. HSA Marsha Dixon did state that Officer did not want to be quarantined after expressive on Inmate to the pandemic, he would have to be d. Inmate to the pandemic, he would have to be edical appointment. Per HSA Marsha Dixon, led. On this date at 1355 hours, Inmate Lieutenant Zappolo notified. End of
	. • •
Page 1 of 1 Pages Reporting Officer Signature:	Date:
Sergeant Signature:	Date: 12/24/2020
Shift Commander Signature:	Date: 12/21/2020
Administrator or Designee Signature	Date:

It Eupollo IS to Conrow spendo pyrievances & Cell Searches

12-27-2020 clo Carly D-2 0700-1500 SSI POSCAIA LET ZAMOLE

\* 0744 co detal mounds - @ governonces collected \*

\* 0733 co NEtzel on rounde - Darievanici al. 1.

College Partie and Section College	Late innared   Description	Stage	Last Status	Next Return Date
12/29/2021 12/29/2021		Initial Grievance Initial Grievance	Unacknowledged Unacknowledged	
12/24/2020		Initial Grievance	Investigating	12/30/2020
12/09/2020	GRIEVANCE NOT TURNED IN	initial Grievance	Closed	
11/17/2020	GRIEVANCE NOT TURNED IN	Initial Orlevance	Unacknowledged	
09/25/2020	GRIEVANCE NOT TURNED IN	Initial Grievance	Closed	
09/10/2020	GRIEVANCE NOT TURNED IN	Initial Grievance	Closed	
09/02/2020	GRIEVANCE NOT TURNED IN	Initial Orlevance	Closed	
07/13/2020	INMATE WITHDREW THE APPEAL TO CAO	Initial Grievance	Closed	07/16/2020
07/13/2020	GRIEVANCE NOT TURNED IN	Initial Crievance	Closed	
07/11/2020	INMATE REFUSED TO ACCEPT GRIEVANCE/WITHD	Initial Grievance	Closed	
06/16/2020	GRIEVANCE RESOLVED	initial Orievance	Resolved	06/09/2020
06/16/2020	GRIEVANCE NOT TURNED IN.	Initial Grievance	Closed	
06/14/2020	GRIEVANCE WITHDRAWN BY INMATE	initial Grievance	Closed	
06/09/2020	GRIEVANCE NOT TURNED IN	initial Grievance	Closed	
05/23/2020	GRIEVANCE WITHDRAWN	Initial Grievance	Closed	05/26/2020
05/14/2020	INMATE REFUSED GRIEVANCE UPON DELIVERYWI	Initial Grievance	Closed	
05/12/2020	PART II NOT TURNED IN GNP 7032.4	initial Grievance	Closed	05/15/2020
04/28/2020	GRIEVANCE NOT TURNED IN	Initial Grievance	Closed	

Last Modified By WETZEL, CHARLES on 01/02/2021 0904 Created By KISZKA, KEITH on 03/25/2020 1522

03/22/2020 03/28/2020 04/14/2020

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## **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:

Jason Emerson #369 &

DATE:

December 29, 2020

RE:

Response to Grievance

On 12-15-2020 I was working my assigned post of for my tour. Inmate
was scheduled for an outside doctor appointment for this day. I received a phone call at
approximately 0900hrs from Movement Control Officer Miller, A. #383 informing me of Inmate doctor
visit. I was informed by Officer Miller, A. Inmate would have to quarantine upon returning to Facility
and to notify Inmate of the protocol. I notified Inmate of the quarantine protocol for outside
doctor visits and he said "I'm not gonna quarantine". Inmate then asked if he could reschedule the
appointment so he doesn't have to quarantine. I then asked Inmate while on the Phone with
Movement Officer Miller, A. if he was still going to the outside doctor visit. I informed Inmate
Movement was ready for him to go to the scheduled doctor visit. Inmate continued to stay seated at
the table in the dayroom and continued to say "I'm not answering you, I'm not gonna quarantine. "I asked
several more times if he was gonna go, and Inmate continued to repeat himself. I then notified
Officer Miller, A. of his response about going to the outside doctor visit," I'm not answering you, I'm not
gonna quarantine", Officer Miller, A. said "Ok he is refusing". It was not documented in the
book that he refused his doctors vist. Inmate a while later requested to speak to H.S.A. Marsha
Dixon about his appointment and his wanting to reschedule it due to not wanting to do a mandatory
quarantine upon returning. I called H.S.A. Dixon in regards to Inmate efusing his appointment, and
Inmate vanting to reschedule it. She advised he should have went to his appointment, but that is his
right to refuse medical treatment. H.S.A. Dixon said "tell him to put another medical slip in to discuss this
further". H.S.A. Dixon said she will call him to Medical in the afternoon at the earliest and speak to him about
refusing the outside Doctor appointmentEnd of report.

CC:

Files













To:

SGT. Keith Kiszka

From:

Marsha Dixon, RN, HSA

Subject:

Date: 12/26/2020

Statement pursuant to Cornelius Stubs Grievance

On 12/15/2020 patient came to medical to discuss the current Center for Disease Control (CDC) quarantine recommendations. Patient inquired on mandated 14 day (as of 01/08/2021 10day quarantine) quarantine he would have to endure post his outside provider visit. It was explained to patient he was not exempt from the recommendations and the lack of authority I held to make any decision in the matter for his individual case. It was explained that his appointment would be rescheduled for the nearest date available and his compliance was expected. Patient verbalized understanding.

#### Patient signed refusal:

Patient did not sign a refusal physically, however patient actions of not following directives with corrections retrieving for appointment, and patient delaying departure to appointment to "confirm quarantine" was considered a direct refusal. Appointment was missed and rescheduled due to actions of the patient.

Wellpath policy is that a refusal form should be signed at time of refusal. However, given the conversation with the patient the refusal form was not signed, an education was given to the patient pursuant to COVID-19 practices and the appointment was rescheduled.

NY Spine: appointment 1/19/2021 at 13:00

Marsha L. Dixon, BN, BSN, WCC, OMS, ONC

н€Д



To: Sgt Kiszka

From: Kaitlin Menard, DON

Date: 12/30/2020

Re:

Grievance Date: 12/26/2020

Mr reports having been "denied my extremely necessary Dr's appointment for my back injury at my outside Dr's facility..."

Mr. ustained a back injury resulting in chronic pain from which he reports no relief with regimens offered within the facility. The appointment referred to by Mr. was with the NY Spine Institute on 12/15/20 @ 1300; it was cancelled following a verbal report of patient's refusal. Mr. states prior to his appointment that day he received conflicting information pertaining to quarantine protocol after returning from outside appointment.

While in medical later that day (for signature of refusal, explanation of risks etc.) Mr. clarified with M. Dixon, HSA that he did not intend to refuse his appointment that day; it was subsequently rescheduled for the next earliest date in January 2021 per patient request.

Thanks,

Kaitlin Menard, DON

La mandon Don



## **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
WWW.ORANGECOUNTYGOV.COM

ANTHONY J. WEED ASST. UNDERSHERIFF

Date: 1/21.	/2021	
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New York State Commission of Corrections

Alfred E. Smith State Office Bldg.

80 S. Swan St., 12<sup>th</sup> Floor Albany, NY 12205-2670

To Whom It May Concern:

Enclosed please you will find Grievance Complaint Review Council.

ior appeal to the Citizens Policy and

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

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

Thank you, Sergeant Keith Kiszka 134 Grievance Coordinator











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



## ORANGE COUNTY SHERIFF'S OFFICE

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845-291-4033

FAX: 845-294-1590



#### SHERIFF CARL E. DUBOIS

KENNETH T. JONES UNDERSHERIFF

ANTHONY J. WEED ASST. UNDERSHERIFF **DENNIS D. BARRY** CHIEF DEPUTY

ANTHONY M. MELE CORRECTIONS ADMINISTRATOR

#### **GRIEVANCE RECEIPT**

Name:

Inmate

Date: 1/21/2021

REF: Grievance:

Please be advised your appeal has been submitted to The Citizen's Policy and Complaint Review Council this date.

Sincerely,

Sergeant K. Kiszka #134 Grievance Coordinator **Corrections Division** 

cc: file











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

Facility: OC	Housing Location:
Name of Inmate:	Grievance #:
Brief Description of the Grievance (Submitted by the grievant w. Number of Sheets Attached (1)	ithin 5 days of occurrence) while is being added to a Federal Law Suit"
This griciance is being submitted due to 1	racial profilmy i cruel racist slurs &
actions taken against me by numerous of	Fices on the Orange County Corrections St.
These officers have made personal come	unts me with cover intentions towards
me in any & all diciplinary altegation	
any of these ill will a misquided to	reatment what so Ever. See Atlachma
Action requested by the grievant (Submitted by the grievant with Number of Additional Sheets Attached (1) This Crieva	hin 5 days of occurrence): need's being Seat Directly to Albuny Authority Forian
I want strict rechal [written actions a	samuel all said officers & all others
not included to be forewormed & a Z	
ensure that Racism has no place in	Dat amongst Corrections officer towards
inmatesor humantinas "recioil" 13/cac	k Live's Matter" I have rights
Grievant Signature:	Date/Time Submitted: 12/30/20 8pm
Receiving Staff Signature:	Date/Time Received: $\frac{1/4}{3031}$ 5747
Investigation Completed by:	Date Completed: 1/11/2021
Decision of the Grievance Coordinator Written decision shall be issued within 5 business days of re reasons underlying the determination	Number of Sheets Attached () eceipt of grievance and shall include specific facts and
☐ Non-Grievable issue as per 9 NYCRR §7032.4(h) (m	ay not be appealéd to CAO)
<ul><li>☐ Grievance Accepted</li><li>☐ Grievance Denied on Merits</li></ul>	
Grievance Denied due to submitted beyond 5 days	of act or occurrence (can be
<ul><li>appealed to CAO)</li><li>☐ Grievance Accepted in part/ Denied in part (Note spelow)</li></ul>	pecific Acceptance/Denial parts
Your Grievance was Receive	ed beyond the 5 days of
due act of occurrence yo	n Received this grierance
Jan grievance was Recent due act of occurrence your 12/29/2020 2 H lous Not recent	erved until 1/4/2021@0247.
Signature of the Grievance Coordinator:	) 13-4 Date: 1/11/2021

To whom it may Concern: I have expressionized unusual treatment to the least in my whole Stay of Incarceration brushed aside without Complaints only to be be trusted in this position to handle gricionices as he was recently investigated himself his wary doingse all a) EPT Officer Cappelli has intimidated a prevaled this hurrible word Jsed & thath sat arand laughing about it Officer Hatfield to with I have a nexed your his actions of Striking me for no just ( and hority to make such inexcusable Officer have Continuously Violated my rights & safety only to have a CAFREGATI have proven t don't care to keep peace or justice for immates So now I will exercise my right by the Wigher authorities.

#### 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
l agree to accept the decision
Grievant Signature
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(I))
☐ 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(I) for the Accepted portion of grievance)
Signature of the Chief Administrative Officer: All Date: 01/17/202)
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 a second the state of the second to the sec
Grievant Signature Date: 1 ~ 20 ~ 2/
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.
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 NVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED N PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.
Signature of the Grievance Coordinator: 12/2021

#### New York State Commission of Correction <u>Grievance Investigation Form</u>

Date(s) of Investigation: 12/29/2020	Inmate's Name:
Facility: Orange County Correctional	Facility Grievance Number:
Description of the issues	Supplement Attached 2
Inmate s cliaming that he is being racially profile numreous officers.	ed, cruel racist slurs, and actions taken against him by
numeous omoors.	
Interview summary of ALL persons involved with the griev AND brief summary of each interview	vance: List names Statements Attached (
Sergeant Cimorelli - Officer's Report	
Summary of Findings	Supplement Attached (
This grievance invesstigation is on file if requested. The not collected until 1/4/2021. This puts this grievance of	e following grievance was issued on 12/29/2020 and was
The concect that 17-112021. This puts this grievance of	isside the 5 days of the act of occurrence.
List of other relevant information/documentation	Supplement Attached (
Logbook Documentation	
Report prepared on: 1/11/2021	Printed Name: Sergeant Keith Kiszka 134
Signature:	Title: Grievance Coordinator

### Officer's Report

<b>Date of Report</b> : 12/29/2020	Time Report Written: 1316
<b>Date of Incident:</b> 12/29/2020	Time Incident Occurred: 1045
Location of Incident:	
Incident: Inmate	requested a grievance.
Officer Reporting: Sergeant Joseph	oh Cimorelli Shield # 142
Narrative: Explain fully any action tak names, other officers, inmates, and a detai explicit in all information given.	ten by you, any event observed, information received. Set forth il of the information of what, who, when, where, and how. Be
Wing Sergeant. While on rounds equested a Michael Carter 339 lied on the mis one thing on one misbehavior the Inmate stated that how ca informed Inmate that I was	stated that Officer steel stated how can he say an another thing on a different misbehavior. In he say I was fighting when I wasn't. I atched the incident, and it was obvious that he ed that there are a lot of ways people move that nmate incident.
Page 1 of 1 Pages Reporting Officer Signature:	Date:
_	A Mus
Sergeant Signature:	Lygh//9c Date: 12-29-2020
Shift Commander Signature:	Date: 12/29/2020
Administrator or Designee Signature	. Date:



## **ORANGE COUNTY SHERIFF'S OFFICE**

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ANTHONY M. MELE CORRECTIONS ADMINISTRATOR

WWW.ORANGECOUNTYGOV.COM

## **MEMORANDUM**

TO:

Sheriff Carl E. DuBois

FROM:

Sergeant Joseph Cimorelli 142 - Cembline

DATE:

January 5, 2021

RE:

In response to Grievance

On 01\_05\_2021 I was directed to give a written response to Grievance Inmate claims that an Officer used the "N" word while a lieutenant, Inmates and I were present and that the Lieutenant and I sat there and laughed about it. I don't know what "N" he is referring to but I am assuming a racial slur. This event that is stated on the grievance never happened. There was never a time when I or when a Lieutenant and I were sitting around with Inmates, while an Officer or anyone used racist slurs and we laughed about it. I always conduct myself in a professional manner when dealing with all Inmates. End of Memo.











# NEW NEW YORK

## ORANGE COUNTY SHERIFF'S OFFICE

110 WELLS FARM ROAD GOSHEN, NEW YORK 10924- 6740

845-291-4033

FAX: 845-294-1590





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:

Officer Daniel Cappelli 522 ACull 532

DATE:

January 5, 2021

RE:

In response to grievence

iled by

This Memorandum is in response to Grievance number and the complaints from Inmate I have no knowledge of what N word Inmate I is referring to. I handle myself in a professional manor, adhering to facility policy and procedure always. End of the memo.

CC:

Files













## **ORANGE COUNTY SHERIFF'S OFFICE**

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#### SHERIFF CARL E. DUBOIS

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ANTHONY M. MELE CORRECTIONS ADMINISTRATOR

WWW.ORANGECOUNTYGOV.COM

## **MEMORANDUM**

TO:

Sheriff Carl E. DuBois

FROM:

Christopher Hatfield

DATE:

January 5, 2021

RE:

iled by Inmate Response to Grievance

On Monday January 4th, 2021 I received an Email	from Sergeant Keith Kiszka directing me to author a
memo pertaining to Inmate	allegations in Grievance On July
13th, 2020 I was working as the Main Medical Offic	cer and I ordered Inmate to leave Main Medical
due to his non-compliant behavior. Inmate	esponse to my order was to get into my personal space
and put his hands within two inches of my face near	arly striking me. I did use my right hand to push away
Inmate hand from my face. Inmate	confrontational actions required a response from the
facility Emergency Response Team in order to gair	n control of the situation due to Inmate Stubbs'
confrontational behavior.	











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