



County of Onondaga
Office of Diversity and Inclusion

John H. Mulroy Civic Center, 15th Floor
421 Montgomery Street, Syracuse, New York 13202

Phone: 315.435.3565
Human Rights: 315.435.3565
MWBE: 315.435.5065

www.ongov.net

J. Ryan McMahon, II
County Executive

Monica Williams
Chief Diversity Officer

JUSTICE CENTER COMPLAINT FORM

Name of Complainant (person making this complaint): _____

Date of Complaint: _____ Complainant's Relationship to Inmate: Self Family / Friend Advocate

Name of Inmate: _____ ICN# of Inmate: _____

Inmate Home Address: _____ Floor & Pod/Cell: _____

Town: _____ State: _____ ZIP: _____ Date Inmate Entered jail: _____

Family Member or Community Contact: _____ Relationship to Inmate: _____

Phone Number of this Contact: _____ Phone Number is: Home Work Cell

Home Address of Contact: _____ Email: _____

PLEASE READ: THIS COMPLAINT WILL BE REVIEWED BY ONONDAGA COUNTY HUMAN RIGHTS (HRC) STAFF

1. Someone from the Human Rights Commission staff will contact the person making the complaint after they get it. Please understand that the Human Rights Commission staff may not be able to visit inmates in all cases. All inmates may make a free call to the Human Rights Commission office at 435-3567.

2. If HRC staff feel that a complaint may be serious enough to fall within the jurisdiction of the Justice Center Oversight Committee (JCOC), the Human Rights Commission staff will contact Custody Administration and request related records, reports, recordings, and policies. The Human Rights Commission will only be able to get this information and pursue an investigation for the JCOC after Custody Administration has completed its own internal investigation. Human Rights Commission staff will then give a summary of all available information to the Justice Center Oversight Committee, who will then decide whether to issue a written recommendation in relation to Justice Center policy, procedure and/or training.

NOTE: If you feel that you or someone else is in danger please notify a Sheriff's Deputy immediately.

NOTE: It is anticipated that most complaints will not rise to the high level of seriousness defined in the JCOC legislation.

State WHAT the inmate or complainant said happened:

State WHEN this occurred (Please the specify the date & time, if possible): _____

State WHERE this occurred (Please specify the location in the jail, if possible): _____

What are the names, rank or position of any deputies, or other jail staff, who were present when this happened?

Were any other inmates involved? Yes No If yes, what are the names of these inmates, and how were they involved? _____

What was happening RIGHT BEFORE this occurred? _____

Were any inmates injured? Yes No If yes, state their names and how they were injured? _____

Did any of these inmates seek medical treatment in the jail for these injuries? Yes No

If yes, was medical treatment provided? Yes No If not, why not? _____

Did the inmate, or the complainant, report or complain to anyone about what happened? Yes No

If yes, how was this report or complaint made *and* to whom? _____

When? _____ Was a grievance filed? Yes No

If so, what was the response to the grievance?

What would you like to see happen as a result of this complaint? _____

_____ *I voluntarily submit the following information about the inmate for statistical purposes only:*
Sex: _____ **Age:** _____ **I have a disability** Yes No **Primary Language** (if not English): _____
I identify my race as: _____ **I identify my ethnicity as:** _____
I identify myself as a person who is: Straight/Heterosexual Gay, Lesbian, Bisexual Transgender

REQUIRED - Please initial all that apply:

- _____ I submit this complaint of my own free will.
- _____ The information in this complaint are true and accurate to the best of my knowledge.
- _____ I understand that this complaint is NOT a Notice of Claim against Onondaga County.

Complainant Signature

Date of Signature

HRC Staff Use Only:
Date Received: _____ By: _____
Within JCOC Jurisdiction? Yes No
Screened by HRC Staff: _____
Notes: _____
