



COUNTY OF ERIE

MARK C. POLONCARZ

COUNTY EXECUTIVE

MICHAEL A. SIRAGUSA
COUNTY ATTORNEY

MICHELLE M. PARKER
FIRST ASSISTANT COUNTY ATTORNEY

DEPARTMENT OF LAW

JEREMY C. TOTH.
SECOND ASSISTANT COUNTY ATTORNEY

MEMORANDUM

TO: Robert M. Graber, Clerk, Erie County Legislature

FROM: Michelle M. Parker, First Assistant County Attorney

DATE: June 10, 2020

RE: Transmittal of New Claims Against Erie County

MMP/dld

Mr. Graber:

In accordance with the Resolution passed by the Erie County Legislature on June 25, 1987 (Int. 13-14), attached please find three (3) new claims brought against the County of Erie. The claims are as follows:

Claim Name

1. Joseph Jarzembek v. COE, Marni Bogart;
2. Shenita Phillips v. ECC; and
3. Joseph Sarago v. County of Erie (Lackawanna Library).

MMP:dld
Attachments



COUNTY OF ERIE

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JEREMY C. TOTH
SECOND ASSISTANT COUNTY ATTORNEY

May 18, 2020

Mr. Robert M. Graber, Clerk
Erie County Legislature
92 Franklin Street, 4th Floor
Buffalo, New York 14202

Dear Mr. Graber:

In compliance with the Resolution No. 306 passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>Jarzembek, Joseph v. COE, Marni Bogart</i>
Document Received:	NYS Division of Human Rights Charge of Discrimination
Name of Claimant:	Joseph T. Jarzembek 135 Montrose Avenue Buffalo, New York 14214
Claimant's attorney:	Claimant is proceeding <i>pro se</i> .

Should you have any questions, please call.

Very truly yours,

MICHAEL A. SIRAGUSA
Erie County Attorney

By: *Michelle Parker*
Michelle M. Parker
First Assistant County Attorney
Michelle.Parker@erie.gov

MMP:dld
Enc.

Comm. 13D-12
2 of 19

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

JOSEPH T. JARZEMBEK,

Complainant,

v.

ERIE COUNTY, MARNI BOGART,

Respondents.

VERIFIED COMPLAINT
Pursuant to Executive Law,
Article 15

Case No.
10207781

I, Joseph T. Jarzembek, residing at 135 Montrose Avenue, Buffalo, NY, 14214, charge the above named respondents, whose address is 95 Franklin St., Rm. 1634, Buffalo, NY, 14202 with an unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of age, sex, opposed discrimination/retaliation.

Date most recent or continuing discrimination took place is 4/30/2019.

The allegations are:

SEE ATTACHED

Based on the foregoing, I charge respondents with an unlawful discriminatory practice relating to employment because of age, sex, opposed discrimination/retaliation, in violation of the New York State Human Rights Law (Executive Law, Article 15), Section 296.

RECEIVED

APR 29 2020

New York State Division of Human Rights
Employment Complaint Form

Buffalo EFAX/INBOX

1. Your contact information:			
First Name <u>Joseph</u>		Middle Initial/Name <u>J</u>	
Last Name <u>Jarzembek</u>			
Street Address/ PO Box <u>135 Montrose Avenue</u>		Apt or Floor #:	
City <u>Buffalo</u>		State <u>NY</u>	Zip Code <u>14214</u>
2. Regulated Areas: You believe you were discriminated against in the area of:			
<input checked="" type="checkbox"/> Employment (including paid internship) <input type="checkbox"/> Labor Organization <input type="checkbox"/> Apprentice Training <input type="checkbox"/> Employment Agencies <input type="checkbox"/> Internship (unpaid only) <input type="checkbox"/> Licensing <input type="checkbox"/> Volunteer Firefighting (excludes disability, age, domestic violence victim status, arrest, conviction, genetic history)			
3. You are filing a complaint against:			
Employer Name <u>Erie County</u>			
Street Address/ PO Box <u>95 Franklin Street</u>			
City <u>Buffalo</u>		State <u>N.Y</u>	Zip Code <u>14202</u>
Telephone Number: <u>(716) 858-8000</u> Ext.			
In what county or borough did the violation take place? <u>Erie</u>			
Individual people who discriminated against you:			
Name: <u>Marni Bogart</u>		Title: <u>Director - Legal Affairs</u>	
Name: <u>Emil Capelli</u>		Title: <u>Senior Counsel</u>	
If you need more space, please list them on a separate piece of paper.			
4. Date of alleged discrimination (must be within one year of filing):			
The most recent act of discrimination happened on: <u>4</u> <u>30</u> <u>2019</u> month day year			
5. For employment and internships, how many employees does this company have?			
<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-14 <input type="checkbox"/> 15-19 <input checked="" type="checkbox"/> 20 or more <input type="checkbox"/> Don't know			
6. Are you currently working for this company?			
<input type="checkbox"/> Yes. Date of hire: _____ month day year		What is your position?	
<input checked="" type="checkbox"/> No. Last day of work: <u>4</u> <u>30</u> <u>2019</u> month day year		What was your position? <u>Assistant Counsel - DSS</u>	
<input type="checkbox"/> I was never hired. Date of application: _____ month day year		What position did you apply for? <u>N/A</u>	

7. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input checked="" type="checkbox"/> Age: Date of Birth: <u>4/6/58</u>	<input type="checkbox"/> Familial Status: Please specify: _____
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Marital Status: Please specify: _____
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Predisposing Genetic Characteristic: Please specify: _____
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input checked="" type="checkbox"/> Sex: Please specify: <u>Male</u> Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

Retaliation: How did you oppose discrimination: I had filed a grievance

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Denied me an accommodation for my disability or pregnancy-related condition	<input checked="" type="checkbox"/> Denied me leave time or other benefits	<input type="checkbox"/> Harassed/ intimidated me (other than sexual harassment)
<input checked="" type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Denied me overtime benefits	<input type="checkbox"/> Sexually harassed or intimidated me	<input type="checkbox"/> Did not call back after lay-off
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input checked="" type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Denied me services/treated differently by employment agency
<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input checked="" type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Unlawful inquiry, or limitation, specification or discrimination in job advertisement
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Denied a license by a licensing agency	<input type="checkbox"/> Other:

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

On or about November, 2018 - I was suspended for incompetence after being employed by Erie County for approximately 30 years. Most of the allegations related to a period when I was excused for work because of a kidney stone (FMLA) during August, 2018 and a preapproved vacation period from approximately September 13, 2018 until approximately October 13, 2018. I was discriminated against on the basis of my age & my gender. A younger female attorney Kate Meyer Davis was given overtime to complete her task while I was denied. Neilson Dogart or Caselli assigned any other attorneys to complete my work while I was on a preapproved vacation & FMLA.

In January 2019, my employer hired two attorneys Haley Elmsel & Mary Beth Moorman to assist in case coverage in Judge LaVall's part. Their case load was January to March, 2019. Their caseload was never my caseload. Elmsel & Davis were approved as much overtime as they requested from Dogart. I received only five hours of overtime. Moorman, who was older than 50 was terminated in April.

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.

9(a) continued)

I was served with a notice to terminate on March 31, 2019 by Marni Bogart.

James Brown a 62 yr. old attorney retired at the end of March, 2019 after he was served with a suspension notice in March, 2019.

I had filed a prior EEOC & Division for Home Rights Complaint for age discrimination in 2016.

Jose T. Loya
4/29/2019

Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law, based upon this same unlawful discriminatory practice.

PLEASE INITIAL

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

John T. Lawrence
Sign your full legal name

Subscribed and sworn before me
This 28th day of April, 2020

Jessica L. Martinez
Signature of Notary Public

County: Erie Commission expires: December 2, 2023



Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.



COUNTY OF ERIE

MICHAEL A. SIRAGUSA
ERIE COUNTY ATTORNEY

MARK C. POLONCARZ

COUNTY EXECUTIVE
DEPARTMENT OF LAW

MICHELLE M. PARKER
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY C. TOTH
SECOND ASSISTANT COUNTY ATTORNEY

May 29, 2020

Mr. Robert M. Graber, Clerk
Erie County Legislature
92 Franklin Street, 4th Floor
Buffalo, New York 14202

Dear Mr. Graber:


In compliance with the Resolution No. 306 passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>Phillips, Shenita v. ECC</i>
Document Received:	NYS Division of Human Rights Charge of Discrimination
Name of Claimant:	Shenita D. Phillips 63 Lexington Terrace Buffalo, New York 14226
Claimant's attorney:	Claimant is <i>pro se</i> .

Should you have any questions, please call.

Very truly yours,

MICHAEL A. SIRAGUSA
Erie County Attorney

By: 
Michelle M. Parker
First Assistant County Attorney
Michelle.Parker@erie.gov

MMP:dld
Enc.

NEW YORK STATE
DIVISION OF HUMAN RIGHTS

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

SHENITA D. PHILLIPS,

Complainant,

v.

ERIE COMMUNITY COLLEGE,

Respondent.

VERIFIED COMPLAINT
Pursuant to Executive Law,
Article 15

Case No.
10207851

Federal Charge No. 16GC002865

I, Shenita D. Phillips, residing at 63 Lexington Terrace, Buffalo, NY, 14226, charge the above named respondent, whose address is 4041 Southwestern Blvd., Orchard Park, NY, 14127 with an **unlawful discriminatory practice relating to employment in violation of Article 15 of the Executive Law of the State of New York (Human Rights Law) because of race/color, disability, opposed discrimination/retaliation.**

Date most recent or continuing discrimination took place is 11/15/2019.

The allegations are:

SEE ATTACHED:

Based on the foregoing, I charge respondent with an unlawful discriminatory practice relating to employment because of race/color, disability, opposed discrimination/retaliation, in violation of the New York State Human Rights Law (Executive Law, Article 15), Section 296.

I also charge the above-named respondent with violating Title VII of the Civil Rights Act of 1964, as amended (covers race, color, creed, national origin, sex relating to employment). I also charge the above-named respondent with violating the Americans with Disabilities Act (ADA) (covers disability relating to employment). I hereby authorize SDHR to accept this verified complaint on behalf of the U.S. Equal Employment Opportunity Commission (EEOC) subject to the statutory limitations contained in the aforementioned law(s).

**New York State Division of Human Rights
Employment Complaint Form**

RECEIVED
MAY 08 2020
BUFFALO FAX/INBOX

1. Your contact information:			
First Name	Shenita	Middle Initial/Name	D
Last Name	Phillips		
Street Address/ PO Box	63 Lexington Terrace	Apt or Floor #:	
City	Buffalo	State	NY Zip Code 14226
2. Regulated Areas: You believe you were discriminated against in the area of:			
<input checked="" type="checkbox"/> Employment (including paid internship)		<input type="checkbox"/> Labor Organization	
<input type="checkbox"/> Apprentice Training		<input type="checkbox"/> Employment Agencies	
<input type="checkbox"/> Internship (unpaid only)		<input type="checkbox"/> Licensing	
<input type="checkbox"/> Volunteer Firefighting (excludes disability, age, domestic violence victim status, arrest, conviction, genetic history)			
3. You are filing a complaint against:			
Employer Name	Erie Community College		
Street Address/ PO Box	4041 Southwestern Blvd		
City	Orchard Park	State	NY Zip Code 14127
Telephone Number:	716-851-1840		
In what county or borough did the violation take place?			
Erie			
Individual people who discriminated against you:			
Name:	Joan Cieply	Title:	Principal Clerk
Name:	Rochelle Webber	Title:	Registrar's Supervisor
If you need more space, please list them on a separate piece of paper.			
4. Date of alleged discrimination (must be within one year of filing):			
The most recent act of discrimination happened on: 11 15 2019			
month day year			
5. For employment and internships, how many employees does this company have?			
<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-14 <input type="checkbox"/> 15-19 <input checked="" type="checkbox"/> 20 or more <input type="checkbox"/> Don't know			
6. Are you currently working for this company?			
<input checked="" type="checkbox"/> Yes. Date of hire:	11 08 2013	What is your position?	
	month day year	Senior Clerk Typist	
<input type="checkbox"/> No. Last day of work:		What was your position?	
	month day year		
<input type="checkbox"/> I was never hired.		What position did you apply for?	
Date of application:	month day year		

7. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> Age: Date of Birth: _____	<input type="checkbox"/> Familial Status: Please specify: _____
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Marital Status: Please specify: _____
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Predisposing Genetic Characteristic: Please specify: _____
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Gender Identity or Expression, Including the Status of Being Transgender	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input checked="" type="checkbox"/> Race/Color or Ethnicity: Please specify: African American _____ <input type="checkbox"/> Trait historically associated with race such as hair texture or hairstyle	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Harassment

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

Retaliation: How did you oppose discrimination: _____

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Denied me an accommodation for my disability or pregnancy-related condition	<input checked="" type="checkbox"/> Denied me leave time or other benefits	<input checked="" type="checkbox"/> Harassed/ intimidated me (other than sexual harassment)
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Denied me overtime benefits	<input type="checkbox"/> Sexually harassed or intimidated me	<input type="checkbox"/> Did not call back after lay-off
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input checked="" type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input type="checkbox"/> Denied me services/treated differently by employment agency
<input type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input type="checkbox"/> Unlawful inquiry, or limitation, specification or discrimination in job advertisement
<input checked="" type="checkbox"/> Denied me training	<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Denied a license by a licensing agency	<input type="checkbox"/> Other: _____

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

Because of my work schedule, I regularly worked for the registrar's office on Mondays by myself for several hours. In contrast, I was told I was required to be in the office so that other employees were not alone. I believe that I was segregated from the other employees because of my race.

During my employment, I observed at least one co-worker in the Registrar's Office, Joan Cieply (Caucasian/White) treat minority students in a discriminatory manner. In or about March/April 2019, Ms. Cieply has made comments that she dislikes Muslim students wearing head coverings. I heard Ms. Cieply stated, "I can't stand Muslims". Upon information and belief, no action has been taken to correct Ms. Cieply's behavior.

5/7/19 On this day Joan and I were the only 2 working. Joan had observed me assisting a parent regarding advanced study. Joan stood behind me and did not assist me while I gave a parent incorrect information. Joan allow the parent leaving the office when she know that the wrong information was given. It was not until the parent decided to come back and Joan had further assisted the parent given different information than what was previously given. Joan never informed me at that time the correct information that should have been given. I am still learning the job and feel that I was not properly trained.

6/3/19 There was no one that worked with me on Monday in the registrar's office I was left all by myself

6/13 On this day I emailed Rochelle asking to leave early on 7/5 as I had an appointment with a specialist. Rochelle came to my desk and ask if I could reschedule because Joan would be left by herself.

6/17 On this day Rochelle told Pamela (Caucasian/White) if she needs to close early, she could. Pam was not working by herself Tina was also working as well. However, Rochelle gave Pamela permission to leave if need be. But I was asked by Rochelle if I can reschedule my appt because Joan would be alone.

7/17/19 On several occasions Rochelle tried to convince me to file the new printed curriculums. Since the curriculum were to be filed by admissions, Rochelle chose not to delegate that assignment to Kristen (Caucasian/White). However, Kristen was in her office on company time watching a movie and smoking e-cigarettes.

In July 2019, I complained to my supervisor, Rochelle Webber (Caucasian/White), regarding Ms. Cieply's behavior, political racial discussions as well as the hostile and discriminating work environment but she did not address any of those concerns at that time.

8/16/19 Jamie was smoking e-cigarettes she thought it was okay because Kristen smokes e-cigarettes in her office and Rochelle is very aware of this and have not done anything about it.

In August 2019, while I was on vacation, my supervisor emailed the staff to only discussed political unethical behavior.

On September 7, 2019, my home caught fire. On September 8th, I emailed my supervisor Rochelle to inform her of my situation and that I will not be at work on Monday, September 9th, and ask if she could be of some assistance to my situation. During that period between September 10th - September 19th, I did not get the assistance from my supervisor Rochelle that I had hoped for as well as those I have been in contact with the HR department with very little assistance. On September 20th I was in contact with Tracey Cleveland, VP of HR requesting time off until October 23rd. I was told that my supervisor Rochelle Webber needed me to come back on October 14, 2019. Upon information and belief, other, non-Black employees have not been told to come back early from a leave. I believe that if I had been White, my co-workers and my supervisor would have been more empathetic and accommodating of my circumstances. In fact, several employees complained on my behalf regarding the treatment I received following a house fire.

On October 21, 2019, I returned to work. I was not given any work to do as well as the incoming traffic of students was very light.

10/25/19 - I was on lunch and left the building. Joan questioned Tina my whereabouts while I was on lunch. When I came back from lunch Joan never approached me with any concerns.

In November 2019, because of the treatment I received, I complained to my employer's equity and diversity office. I was advised that my allegations would be investigated.

11/15/19 Joan rudely assist me with student regarding class schedule and was talking down to me, Joan rudely told me she had a *If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.*

11/15/19 Joan rudely assist me with student regarding class schedule and was talking down to me; Joan rudely told me she had a project and that was to disregard old registration forms and file the current forms; Rochelle never assigned or spoke to me about this project; I am always giving entry level work

On December 4, 2019, I submitted a request for reasonable accommodation, due to the stress at work and to focus on reconstructing my home that was destroyed in a fire.

On December 20, 2019, my request for reasonable accommodations was denied by my supervisor Rochelle Webber.

On December 19, 2019, I applied for FMLA through March 20, 2019, because of my disability. Sherry Wagner in the HR department advised me that I qualified for the number of years worked but would have to verify with payroll the number of hours worked to qualify for FMLA. I never received a follow-up call confirming the number of hours worked. During the interim, Sherry advised and assisted me in the location online to submit a certification medical leave of absence form that was submitted.

On December 19, 2019, my doctor has taken me out of work on medical leave. White employees were provided leaves and/or medical leaves without issue.

On December 23, 2019- Rochelle was about 10 minutes late to work and worked 11-4pm. Rochelle referred to all hands-on deck, but she was in and out of our office for periods at a time in the counseling office while the counseling office was having their own holiday party. Every time you look around Rochelle would sneak out her side door and no one knew where she went until Jamie went to get her from the counseling office to help her with a student dilemma.

With no response from Erie Community College human resource department and staff to my certification medical leave of absence request and the fear of losing my job I was forced to work until January 3, 2020.

On January 9, 2020, I advised my supervisor that I would not be returning until further notice.

Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law based upon this same unlawful discriminatory practice.

PLEASE INITIAL AT

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.

Shenita D. Phillips
Sign your full legal name

LISA L. SHAGOTT
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN ERIE COUNTY
My Commission Expires 12/31/2023

Subscribed and sworn before me
This 13 day of April, 2023.

Lisa L. Shagott
Signature of Notary Public

County: Erie

Commission expires: 12/31/2023

Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.



COUNTY OF ERIE

MICHAEL A. SIRAGUSA
ERIE COUNTY ATTORNEY

MARK C. POLONCARZ

COUNTY EXECUTIVE
DEPARTMENT OF LAW

MICHELLE M. PARKER
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY C. TOTH
SECOND ASSISTANT COUNTY ATTORNEY

May 29, 2020

Mr. Robert M. Graber, Clerk
Erie County Legislature
92 Franklin Street, 4th Floor
Buffalo, New York 14202

Dear Mr. Graber:


In compliance with the Resolution No. 306 passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	<i>Sarago, Joseph v. County of Erie - Lackawanna Library</i>
Document Received:	Notice of Claim
Name of Claimant:	Joseph Sarago 94 Stearns Avenue Lackawanna, New York 14218
Claimant's attorney:	Claimant is <i>pro se</i> .

Should you have any questions, please call.

Very truly yours,

MICHAEL A. SIRAGUSA
Erie County Attorney

By: 
Michelle M. Parker
First Assistant County Attorney
Michelle.Parker@erie.gov

MMP:dld
Enc.

Comm. 13D-12
16 of 19

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF Erie

In the Matter of the Claim of

Joseph Sarago

- against-

Village Town City County of

Erie County Government of New York

TO: Village Town City County of Erie

PLEASE TAKE NOTICE that the claimant herein hereby makes claim and demand against you as follows:

1. The name and post-office address of the claimant and of his/her attorney is:

<u>Claimant</u>	<u>Claimant's Attorney</u>
Joseph Sarago	self
_____	_____
_____	_____
_____	_____
_____	_____

2. The nature of the claim:

slip and Fall down stairway to basement at Lackawanna Public Library 560 Ridge Rd.
Lackawanna NY

3. The time when, the place where and the manner in which the claim arose: The incident occurred on _____, 2019, at or about _____ a.m. p.m.,

(see attachment) I am not sure of exact date of injury. At the time of injury I filed an accident claim with the librarian at the Lackawanna Library. I telephoned to request information and on injury report left message to call. Some women called back and left

4. The items of damage or injuries claimed are:

left pelvis lower back

That said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

This paper received at the
Erie County Attorney's Office
from Joseph Sarago on
the 21 day of May, 2020
at 4:23 a.m./p.m.

Kelly P. Quintavalle
Assistant County Attorney

NOTICE OF CLAIM

Dated: May 18, 2020
Lackawanna, New York

Joseph Sarago
Signature

Joseph Sarago
Print Name

STATE OF NEW YORK)
) ss.:
COUNTY OF Erie)

I, Joseph SARAGO, am the Claimant in the above-entitled action. I have read the foregoing complaint and know the contents thereof. The contents are true to my own knowledge except as to matters therein stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Joseph Sarago
Signature

Sworn to before me on this 20
day of May, 2020.

Jill A Slisz
Notary Public

JILL A SLISZ
NOTARY PUBLIC STATE OF NEW YORK
ERIE
LIC. #01SL6391937
COMM. EXP. 06/03/2023

Attachment for notice of claim form

Joseph Sarago

I am not sure of exact date of injury. At the time of injury I filed an accident claim with the librarian at the Lackawanna Library. I tried to get it, but could not. I telephoned In January to request information and on injury report left message to call. Some women called back and left number. I tried to call back in but the library closed around the second week in February 2020 due to corona virus. I tried to contact someone about the injury for months no one is answering and get exact date and time of injury and to notify them of the injury claim i will submit the accident report when i get it (see attached) I tried to legal help

Im not a lawyer i am doing the best i can. Nobody is answering the phones at the Buffalo and Erie County Library administration. I cannot get anything done. I will submit more information if needed I am requesting medical expenses and any additional expenses. I have been trying to contact the lackawanna and buffalo library for since january. Im trying best I can the date of the accident that is why i need the library accident report. I was some time in january or february of 2019.

I have no internet connection and broken computer i have to borrow one if i can



Joseph sarago

94 stearns ave

lackawanna ny 14218