Instructions
Please fill out required contact info (marked with an asterisk ") for each Contact Type listed. Once one contact Type has been filled, press the "Next" button to continue. Your information will be saved, and you will be redirected to the same page until all Contact Types have been submitted.

When the final contact type is submitted, the Next button will redirect towards the next required information.

Contact Type *	Your Contact Information
First Name *	
Last Name *	
Phone Number	()
Email Address *	
Street Address	
City	
State	
Zip	
Created By	
Created Date	
Updated By	
Updated Date	
Next Save Save & No	ew e

New Intake

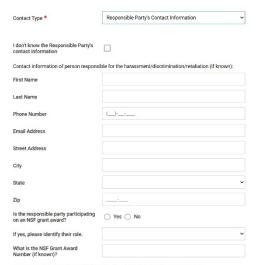
Instructions
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Contact Type *	Witness	
I don't wish to provide an alternate point of contact		
First Name		
Last Name		
Phone Number	(_)	
Email Address		
Street Address		
City		
State	~	
Zip		
800		

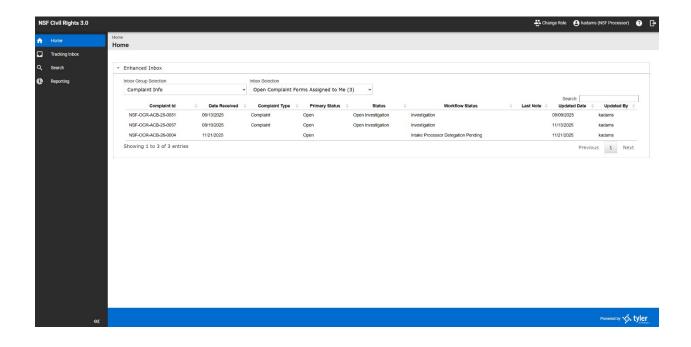
Created By

Created Date



NSF Grant Award Number Look up from this URL https://www.nsf.gov/awardsearch/

Note: OCR is required by regulation to refer complaints regarding individual acts of employment discrimination to the US Equal Employment Opportunity Commission (EECC). To expedite the processing of your case, you can choose to file a complaint directly with the EEOC at https://www.eeoc.gov/employees/charge.cfm. You can refile with OCR no later than 60 calendar days of receiving the notice from EEOC of the resolution/disposition of your charge.



Instructions
Please fill out required contact info (marked with an asterisk \*\*) for each Contact Type listed. Once one contact Type has been filled, press the "Next" button to continue. Your information will be saved, and you will be redirected to the same page until all Contact Types have been submitted.

When the final contact type is submitted, the Next button will redirect towards the next required information.

Contact Type *	Institution Contact Information	•
Institution Name *		
Phone Number	()	
Street Address		
City		
State		~
Zip		
School or Department Involved		
Created By		
Created Date		
Updated By		
Updated Date		
Next Save Save & New	v	

Instructions
Please fill out required contact info (marked with an asterisk \*) for each Contact Type listed. Once one contact Type has been filled, press the "Next" button to continue. Your information will be saved, and you will be redirected to the same page until all Contact Types have been submitted.

When the final contact type is submitted, the Next button will redirect towards the next required information.

Contact Type *	Injured Party's Information	~
Who was discriminated against? *		~
First Name *		
Last Name *		
Phone Number	(	
Email Address *		
Street Address		
City		
State		~
Zip		
Injured Party's Country (If outside of US)		
Injured Party's Position		~
Please identify the NSF Participant's Program, if known (Example: GRFP, REU, I-Corps or other)		



# required within 14 days of complaint submission to be fully investigated.

once uploaded, click the "Next" button at the bottom to be redirected to the main complaint page, and finally submit the complaint below.

Do you have any documentation or media that support your allegations and would help us understand the complaint?	○ Yes ○ No	
If yes, UPLOAD documentation here.	No File Selected	<u>±</u>
Upload 2	No File Selected	<u>±</u>
Upload 3	No File Selected	<u>±</u>
Upload 4	No File Selected	<u>±</u>
Upload 5	No File Selected	<u>±</u>

Note: You may be contacted with instructions for submitting additional information at a later date.

OCR needs your signed consent form authorizing us to evaluate the information you are providing in this pre-complaint form. The consent form is due within 14 days of submission of this form.

Please download the NSF\_CONSENT\_FORM, complete it, and UPLOAD it here or you can email it to acb@nsf\_gov. If you are unable to download the Consent Form, please contact acb@nsf\_gov and the Consent Form will be sent to you by OCR to complete.

Upload signed Consent Form document here.

No File Selected

Instructions Please fill out required contact will be saved, and you will be re	nfo (marked with an asterisk ") for each Contact Type listed. Once one contact Type has been filled, press the "Next" button to continue. Your information directed to the same page until all Contact Types have been submitted.	
When the final contact type is s	ubmitted, the Next button will redirect towards the next required information.	
Contact Type *	•	
Created By		
Created Date		
Updated By		
Updated Date		
Next Save Save 8	New	
Instructions Please fill out the following inform	tion to the best of your ability. Once the required information is filled (marked with an asterisk **), press the "Next" button and you will be redirected to	
the next required information.		
On what basis were you, or the injured party, harassed or discriminated against?	Race Retaliation National Origin Sex	
Note: OCR enforces regulations and executive orders that prohibit	Disability Color Sexual Orientation Marital Status	
discrimination or harassment on the basis of race, color, national, origin,	Family Status Pregnancy Age Other	
sex, disability, religion and/or age.		
In the space provided below, please de		
	scribe the incident of discrimination or harassment.	
Incident Description	scribe the incident of discrimination or harassment.	
Incident Description	scribe the incident of discrimination or harassment.	
Have you tried to resolve the		
Have you tried to resolve the complaint through your institution's complaint through your institution's complaint process or with another agency (examples, Title IX Office, Department of Education, etc)?	Scribe the incident of discrimination or harassment.	
Have you tried to resolve the complaint through your institution's complaint process or with another agency (examples, Title IX Office, Department of Education, etc)?		nissed.

Note: OCR will act only with respect to those allegations that have been filed within 90 calendar days of the date of the alleged discrimination (180 calendar days for allegations of age discrimination, disability discrimination in NSF conducted programs and various forms of

Does the injured person ne- accommodations to comm with OCR? *		○ Yes ○	No
Created By			
Created Date			
Updated By			
Updated Date			
Next Save	Save & New		

Tracking Inbox / New Complaint

Data Form

Once selected, this answer cannot be changed on this Complaint form. If you need to change how you file your complaint, please cancel this form and start a new one with your updated selection.

Please note that filing an anonymous complaint limits the scope of the National Science Foundation's investigation, and the complaint may be closed if there is not enough information to proceed with an investigation.

Would you like to submit an anonymous complaint? \*

○ Yes ○ No

Save Save & New