

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 *	<div>Your Contact Information</div>
First Name *	<div></div>
Last Name *	<div></div>
Phone Number	<div>() - -</div>
Email Address *	<div></div>
Street Address	<div></div>
City	<div></div>
State	<div></div>
Zip	<div>- -</div>

Created By

Created Date

Updated By

Updated Date

Next

Save

Save & New

New Intake

Instructions

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Contact Type *	<div>Witness</div>
I don't wish to provide an alternate point of contact	<div><input type="checkbox"/></div>
First Name	<div></div>
Last Name	<div></div>
Phone Number	<div>() - -</div>
Email Address	<div></div>
Street Address	<div></div>
City	<div></div>
State	<div></div>
Zip	<div>- -</div>

Created By

Created Date

Updated By

Contact Type * Responsible Party's Contact Information

I don't know the Responsible Party's contact information ☐

Contact information of person responsible for the harassment/discrimination/retaliation (if known):

First Name

Last Name

Phone Number

Email Address

Street Address

City

State

Zip

Is the responsible party participating on an NSF grant award? ☐ Yes ☐ No

If yes, please identify their role.

What is the NSF Grant Award Number (if known)?

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

Note: OCR is required by regulation to refer complaints regarding individual acts of employment discrimination to the US Equal Employment Opportunity Commission (EEOC). 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.

NSF Civil Rights 3.0

Home

Tracking Inbox

Search

Reporting

Home

Home

Enhanced Inbox

Inbox Group Selection

Complaint Info

Inbox Selection

Open Complaint Forms Assigned to Me (3)

Search:

Complaint Id	Date Received	Complaint Type	Primary Status	Status	Workflow Status	Last Note	Updated Date	Updated By
NSF-OCR-ACB-25-0051	06/13/2025	Complaint	Open	Open Investigation	Investigation		09/09/2025	kadams
NSF-OCR-ACB-25-0057	08/19/2025	Complaint	Open	Open Investigation	Investigation		11/13/2025	kadams
NSF-OCR-ACB-26-0004	11/21/2025		Open		Intake Processor Delegation Pending		11/21/2025	kadams

Showing 1 to 3 of 3 entries

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tyler

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Contact Type *	<div>Institution Contact Information</div>
Institution Name *	<div></div>
Phone Number	<div>() - -</div>
Street Address	<div></div>
City	<div></div>
State	<div></div>
Zip	<div>- -</div>
School or Department Involved	<div></div>

Created By

Created Date

Updated By

Updated Date

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



Application Platform
National Science Foundation
Office of Civil Rights (NSF OCR)
Awardee Discrimination Complaint Case Management System (CMS)

	<input type="text" value="Username"/>
	<input type="password" value="Password"/>
<input type="button" value="Sign On"/>	<input type="button" value="Register Here"/>
<input type="button" value="Reset Password"/>	

Security Policy

This is a Government computer system and is intended for official and other authorized use only. Unauthorized access or use of the system may subject violators to administrative action, civil, and/or criminal prosecution under the Criminal Code (Title 18 USC 1030).

All info on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed by and to authorized personnel for official purposes, including criminal prosecution. You have no expectations of privacy regarding monitoring of this system.

Any authorized or unauthorized use of this computer system signifies consent to and compliance with agency policies and their terms.

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

Upload 2

No File Selected

Upload 3

No File Selected

Upload 4

No File Selected

Upload 5

No File Selected

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

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Contact Type *

Created By

Created Date

Updated By

Updated Date

Next

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Save & New

Instructions

Please fill out the following information 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 discrimination or harassment on the basis of race, color, national, origin, sex, disability, religion and/or age.

☐ Disability

☐ Color

☐ Sexual Orientation

☐ Marital Status

☐ Family Status

☐ Pregnancy

☐ Age

☐ Other

In the space provided below, please describe the incident of discrimination or harassment.

Incident Description

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)?

☐ Yes ☐ No

Note: Please be aware that OCR cannot investigate complaints that are under investigation by another agency or University office. You may still submit your complaint for awareness, but your complaint will be dismissed.

Have you tried to resolve this complaint through filing a lawsuit?

☐ Yes ☐ No

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 need accommodations to communicate with OCR? ^{*} ☐ Yes ☐ No

Created By

Created Date

Updated By

Updated Date

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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