Office for Civil Rights Discrimination Complaint Form

REQUEST FOR CONSENT AND CONFIRMATION OF YOUR SUBMISSION

Thank you for submitting your complaint to the Office for Civil Rights (OCR).

To facilitate the processing of your complaint, **please submit your signed consent form within 20 calendar days of the date of this email**. If you checked the box on the complaint form requesting early mediation, you **MUST** submit a signed consent form to participate.

You may submit your signed consent form in one of these three ways:

1. Email a scanned PDF file or photo/jpeg file of your consent form to the email address below; or
2. Fax your consent form to the fax number below; or
3. Mail your consent form to the office address below. Please notify OCR using the email address or phone number below that you are mailing your consent form. In your e-mail or voicemail message, please include your case number, the name of the recipient, and the date that you mailed your signed consent form.

A copy of the consent form is available for your convenience at OCR Complaint Consent Form (https://ocrcas.ed.gov/sites/default/files/ocr_complaint_consent_form.pdf). If you do not have access to a printer, please email or call the OCR Regional Office identified below to request a blank consent form. For more information about how OCR may use personal information with written consent, please see OCR's "Notice About Investigatory Uses of Personal Information (https://www.ed.gov/about/offices/list/ocr/notice)."

Your complaint has been automatically forwarded to the following OCR Regional Office for review:

Office for Civil Rights/ED Washington DC (Metro) 400 Maryland Avenue, SW	**Phone:** 202-453-6020 **TDD:** 800-877-8339 **Fax:** 202-453-6021

Washington, D.C., 20202-1475

Email: OCR.DC@ed.gov (mailto:OCR.DC@ed.gov?subject=he specified office:

 <section class="js-form-item form-item js-form-wrapper form-wrapper webform-section" id="office_for_civil_rights_discrimi--enter_information_about_yourself"> <h2 class="webform-section-title">1. Enter information about yourself</h2> <div class="webform-element webform-element-type-textfield form-item js-form-item form-type-item js-form-type-item form-item-first-name js-form-item-first-name form-group" id="office_for_civil_rights_discrimi--first_name"> <label class="control-label">First Name:</label> Stephen)

The Regional Office will contact you if it needs more information about your complaint. If you need to communicate with OCR or submit additional information regarding your complaint, **please do not reply to this message**. Instead, please direct your correspondence to the above office.

We recommend that you print a copy of this message and retain it for your records.

The following information has been sent to the specified office:

1. Enter information about yourself

First Name: Stephen

Last Name: Porter

Address: 1010 Main Campus Drive, Suite 300 - Campus Box 7801

City: Raleigh

State: North Carolina

Zip Code: 27695

Best Time to Call You: Day

Primary Phone Number: 515-428-0008

Your Email Address: srporter@ncsu.edu (mailto:srporter@ncsu.edu)

3. Who was discriminated against?

Yourself or Someone else Someone else

If someone other than yourself please include:
Injured Person's Name: Female students at North Carolina State University

4. What institution discriminated?

Institution Name: North Carolina State University

City: Raleigh

State: North Carolina

Zip Code: 27695

5. Have you tried to resolve the complaint through the institution's grievance process, due process hearing, or with another agency?

Have you tried to resolve the complaint? No

6. Describe the discrimination

OCR enforces regulations that prohibit discrimination on the basis of race, color, national origin; sex; disability; and/or age.
(You may select more than one.)
On what basis were you discriminated against? sex

In the space provided below please describe each discriminatory action separately. For each action, you need to provide the following information:

The official policy of the University allows biological male students, faculty, and staff to participate in women's intramural and club sports if they desire. During travel for club sports, the policy dictates that biological males who identify as female be assigned to share hotel rooms or other lodging with biological females. The policy allows biological males who identify as female to use the women's locker rooms. The policy can be found at https://pridecenter.dasa.ncsu.edu/transgender-resource-roadmap under the bullet point "Wellness and Recreation".

Do you have written information that you think will help us understand your complaint?
yes or no No

7. Your complaint must be filed within 180 days of the discriminatory action

The laws that we enforce require that complaints be filed with our office within 180 days of the alleged discriminatory event. If any of the alleged discriminatory actions took place more than 180 days before the postmark or receipt date of this complaint, you may request a waiver of the 180-day limit.When did the last act of discrimination occur?

When did the last act of discrimination occur?

Enter the date: Mon, 02/17/2025 - 00:00

Are you requesting a waiver of the 180-day filing time limit for discrimination that occurred more than 180 days before the filing of this complaint?

Are you requesting a waiver of the 180-day filing time limit for discrimination that occurred more than 180 days before the filing of this complaint?

yes or no No

8. What would you like the institution to do as a result of your complaint?

What remedy are you seeking? Revision of the current University policy to make clear that women's sport teams, travel lodging, and locker rooms are reserved solely for biological females.

9. Option to Participate in OCR’s Early Mediation Process

I am interested in participating in early mediation: No