

**NIH FORM 2938 - A**  
**Restricting, Removing and/or Banning Individuals from NIH Work Places**  
NIH POLICY MANUAL 2300-752-3 (SUPPLEMENTAL REPORT)

**Part I: To be filled out by the COMPLAINANT**

**INDIVIDUAL REQUESTING THE BAN**

Name: \_\_\_\_\_ Classification: \_\_\_\_\_  
(FTE, Contractor, Other)

Signature: \_\_\_\_\_

Institute: \_\_\_\_\_ Building: \_\_\_\_\_ Phone/Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**INFORMATION REGARDING INDIVIDUAL TO BE BANNED**

Name: \_\_\_\_\_ Classification: \_\_\_\_\_

**REASONING / JUSTIFICATION FOR BAN REQUEST**

Nature of Incident:	
Incident Date/Time:	
Incident Location:	
Single Incident or multiple?	
Were Police involved?	
If so, NIH Police, or other Police Force?	
Do you have a Peace Order/ Restraining Order?	

**Please provide written description of the incident(s) in the space below:**

**Upon completing the above please forward to the Executive Officer of your IC for review**

**Part II: To be filled out by the EXECUTIVE OFFICER (EO)**

EO Recommendation: \_\_\_\_\_ 30 Day Ban \_\_\_\_\_ 2 year Ban \_\_\_\_\_ Permanent Ban \_\_\_\_\_ Unwarranted

EO Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Institute/Center: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Applying for Escort: No \_\_\_\_\_ Yes \_\_\_\_\_

Any additional pertinent information

Name (printed): \_\_\_\_\_

Executive Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completing Part II please forward via email to Division of Police (DP) for review [MC2300-752-3@MAIL.NIH.GOV](mailto:MC2300-752-3@MAIL.NIH.GOV)**

**Part III: To be filled out by the Division of Police Prior to Entry to Ban List**

**INDIVIDUAL TO BE BANNED, ETC. INFORMATION AND INCIDENT DETAILS**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Classification: \_\_\_\_\_ Height: \_\_\_\_\_  
(FTE, Contractor, Other\*)  
HHS ID: \_\_\_\_\_ Weight: \_\_\_\_\_  
Institute: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Banned Location(s): \_\_\_\_\_ Gender: \_\_\_\_\_

Any other identifiable traits (Tattoos, scars, marks, clothing, etc.):

\*If the individual to be banned is a Fellow, then contact Director of Office of Intramural Training and Education (OITE) at 301-496-2427 to ensure awareness of the proceeding.

Nature of Incident:	
Incident Date/Time:	
Incident Location:	
Police Response Unit:	
Officer Name(s):	
Badge Number(s):	
Police Action Taken:	
Police Incident Report Number:	

Any additional pertinent information

\*Please attach the case file to this form before forwarding

Name (printed): \_\_\_\_\_

Police Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completing Part III forward via encrypted email to the Chief of Police for review of ban request.**

**Part IV: To be filled out by the CHIEF OF POLICE**

Chief of Police Decision:

Date Received: \_\_\_\_\_

\_\_\_\_\_ 30 Day Ban \_\_\_\_\_ 2 year Ban \_\_\_\_\_ Permanent Ban \_\_\_\_\_ Unwarranted

Decision Notes

Notifications Made:

_____ Applicable NIH Institute or Center	_____ Division of Police
_____ Applicable Human Resource Office	_____ Applicable EO
_____ Person Receiving the Ban	_____ DPSAC

Name (printed): \_\_\_\_\_

Chief of Police Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completing Part IV please notify all necessary parties of restriction decision via encrypted email.**

**Part V: To be filled out by Division of Police - Entry to the Ban List**

**ENTRY OF INDIVIDUAL TO THE BANNED LIST**

Officer Name: _____	Badge Number: _____
Time: _____	Date: _____
Visitor Badging System _____	Duration of _____
Record Identifier: _____	Restriction: _____

Name (printed): \_\_\_\_\_

Police Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Upon completing Part V, please notify all necessary parties of the entry into the banned list via encrypted email.**

**Part VI: Chief of Police informs initiator of impending expiration of the ban**

Chief of Police Decision:

\_\_\_\_\_ 30 Day Ban \_\_\_\_\_ 2 year Ban \_\_\_\_\_ Permanent Ban  
(10 calendar days prior) (60 calendar days prior) (Not Applicable)

Notifications Made:

_____ Applicable NIH Institute or Center	_____ Division of Police
_____ Applicable Human Resource Office	_____ Applicable EO
_____ Person Receiving the Ban	_____ DPSAC

Name (printed): \_\_\_\_\_

Chief of Police Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If initiator does not submit request to uphold ban, then the ban expires.**



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**LOG of APPEALS:** To be filled out by the **Division of Police**

**\*\*Please attach each appeal to this form\*\***

**APPELLANT**

(Executive Officer or Banned Individual)

**DATE**

**DECISION**

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**\*\*Please attach each appeal to this form\*\***