



I. Your Travel Experience

Thank you for contacting the Department of Homeland Security Traveler Redress Inquiry Program (DHS TRIP). Please check ALL scenarios that describe your travel experience:

- I am always subjected to additional screening when going through an airport security checkpoint
- I was denied boarding
- I was unable to print a boarding pass at the airport kiosk or at home
- I am directed to the ticket counter every time I fly
- The airline ticket agent stated that I am on a Federal Government Watch List
- I was detained during my travel experience
- A ticket agent took my identification and called someone before handing me a boarding pass
- I missed my flight while attempting to obtain a boarding pass
- I am repeatedly referred for secondary screening when clearing U.S. Customs and Border Protection
- I was denied entry into the United States
- I am a foreign student or exchange visitor who is unable to travel due to my status
- I was told my fingerprints were incorrect or of poor quality
- I feel my civil rights have been violated because I was discriminated against on the basis of my race, ethnicity, religion, disability, or gender
- I feel my civil rights have been violated because my questioning or treatment during screening was abusive or coercive
- I feel my civil rights have been violated because a search of my person or property violated freedom of speech or press
- I believe my privacy has been violated because a government agent has exposed or inappropriately shared my personal information
- I was given an information sheet by a CBP Officer
- I was told by CBP at a U.S. Port of entry that my fingerprints need to be corrected by US-VISIT
- Other travel related issue

II. Personal Information

Full Name: _____
First Middle Last

Date of Birth: _____ mm / dd / yyyy Place of Birth: _____
City or Town / Province / Country

Sex: Male Female Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

III. Contact Information

Mailing Address: _____
Street or PO Box Apt. No.

City or Town State or Province Zip or Postal Code Country

Physical Address (if different): _____
Street or PO Box Apt. No.

City or Town State or Province Zip or Postal Code Country

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____



IV. Additional Information (if applicable)

Form section for IV. Additional Information (if applicable) with fields for Date of Entry into U.S., Port of Entry into U.S., Departure Date from U.S., U.S. Port of Departure, Name of Airline or Ship, Flight or Cruise Number, Other Names Used, and Name at Entry into U.S.

V. Required Documentation and Information

U.S. citizens: Please provide a legible, unexpired copy of a U.S. passport. If you do not have a U.S. passport, please provide at least one legible, unexpired copy of a government-issued identification document from the list below, preferably a photo I.D. For minors (individuals under the age of 18), a copy of a certified birth certificate is the only identity document required.

Non-U.S. citizens: Please provide legible, unexpired copies of the biographical pages of your passport/travel document and/or copies of any U.S. government-issued travel documents.

Check the box next to the document(s) you are submitting with this form:

Table with columns for Documentation and Information. Rows include Passport, Passport Card, Driver's License, Birth Certificate, Military Identification Card, Government Identification Card, Certificate of Citizenship, Naturalization Certificate, Immigration/Non-immigrant Visa, Alien Registration, Petition or Claim Receipt, I-94 Admission, FAST, and SENTRI. Each row has fields for registration number, country/place of issuance, license number, and date.



V. Required Documentation and Information (continued)

Form section V containing checkboxes for NEXUS, Border Crossing Card, and SEVIS, with fields for Number and Date (mm/dd/yyyy).

VI. Incident Details

Please briefly describe your travel experience

VII. Acknowledgement

The information I have provided on this application is true, complete and correct to the best of my knowledge and is provided in good faith. I understand that knowingly and willfully making any materially false statement, or omission of a material fact, on this application can be punished by fine or imprisonment of both (see section 1001 of Title 18 United States Code).
I understand the above information and am voluntarily submitting this information to the Department of Homeland Security

Form section VII containing fields for Date, Full Name, and Signature.

PAPERWORK REDUCTION ACT STATEMENT:

Through this information collection, DHS is gathering information about you to conduct redress procedures, as an individual who believes he or she has been (1) denied or delayed boarding, (2) denied or delayed entry into or departure from the United States as a port of entry, or (3) identifies for additional screening at our Nation's transportation hubs, including airports, seaports, train stations and land borders. The public burden for this collection of information is estimated to be five minutes. This is voluntary collection of information. If you have any comments on this form, you may contact the Transportation Security Administration, Office of Transportation Security Redress, TSA-901, 601 South 12th Street, Arlington, VA 20598-6901. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0044 which expires on 10/31/2015.

PRIVACY ACT STATEMENT:

Authority: Title IV of the Intelligence Reform and Terrorism Prevention Act of 2004 authorizes the Department of Homeland Security (DHS) to take security measures to protect travel, and under Subtitle B, Section 4012(I) (G), the Act directs DHS to provide appeal and correction opportunities for travelers whose information may be incorrect.

Principal Purposes: DHS will use this information in order to assist you with seeking redress in connection with travel.

Routine Uses: DHS will use and disclose this information to appropriate governmental agencies to verify your identity, distinguish your identity from that of another individual, such as someone included on a watch list, and/or address your redress request. Additionally, limited information may be shared with non-governmental entities, such as air carries, where necessary for the sole purpose of carrying out your redress request, and otherwise in accordance with the DHS system of records notice, DHS/ALL-005, DHS Redress and Records Response System.

Disclosure: Furnishing this information is voluntary; however, DHS may not be able to process your redress inquiry without the information requested.

Mailing Instructions

Please mail the completed form and copies of identity documents to:

DHS Traveler Redress Inquiry Program (TRIP) 601 South 12th Street, TSA-901 Arlington, VA 20598-6901

E-mailing Instructions

Please e-mail the completed form and copies of identity documents to:

TRIP@dhs.gov