



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:



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IV. Additional Information (if applicable)

Date of Entry into U.S.: _____	Name of Airline or Ship: _____
Port of Entry into U.S.: _____	Flight or Cruise Number: _____
Departure Date from U.S.: _____	Other Names Used: _____
U.S. Port of Departure: _____	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:

Documentation	Information	
<input type="checkbox"/> Passport	Registration No.: _____	_____
	Country of Issuance: _____	_____
<input type="checkbox"/> Passport Card	Number: _____	_____
	Place of Issuance: _____	_____
<input type="checkbox"/> Driver's License	License No.: _____	_____
	State of Issuance: _____	_____
<input type="checkbox"/> Birth Certificate	Registration No.: _____	_____
	Place of Issuance: _____	_____
<input type="checkbox"/> Military Identification Card	Number: _____	_____
	Check one: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard	_____
<input type="checkbox"/> Government Identification Card	Number: _____	_____
	Check one: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local	_____
<input type="checkbox"/> Certificate of Citizenship	Number: _____	_____
	Place of Issuance: _____	_____
<input type="checkbox"/> Naturalization Certificate	Number: _____	_____
	State of Issuance: _____	_____
	Date: (mm/dd/yyyy) _____	_____
<input type="checkbox"/> Immigration/Non-immigrant Visa	Number: _____	_____
<input type="checkbox"/> Alien Registration	Number: _____	_____
	Date: (mm/dd/yyyy) _____	_____
<input type="checkbox"/> Petition or Claim Receipt	Number: _____	_____
	Date: (mm/dd/yyyy) _____	_____
<input type="checkbox"/> I-94 Admission	Number: _____	_____
	Date: (mm/dd/yyyy) _____	_____
<input type="checkbox"/> FAST	Number: _____	_____
	Date: (mm/dd/yyyy) _____	_____
<input type="checkbox"/> SENTRI	Number: _____	_____
	Date: (mm/dd/yyyy) _____	_____



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V. Required Documentation and Information (continued)		
<input type="checkbox"/> NEXUS	Number:	
	Date: (mm/dd/yyyy)	
<input type="checkbox"/> Border Crossing Card	Number:	
	Date: (mm/dd/yyyy)	
<input type="checkbox"/> SEVIS	Number:	
	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		
Date:	Full Name:	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 02/28/2014.

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