



### I. Your Travel Experience

Thank you for contacting the Department of Homeland Security Traveler Redress Inquiry Program (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 am unable to print a boarding pass at the airport kiosk or at home
- I am directed to ticket counter every time I fly
- The airline ticket agent states 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 by U.S. Customs and Border Protection at a U.S. port of entry that my fingerprints need to be corrected by US-VISIT
- I feel I have been discriminated against by a government agent based on race, disability, religion, gender, or ethnicity
- I feel my personal information has been misused
- I was given an IBIS Fact Sheet by a U.S. Customs and Border Protection officer
- Other travel related issue

### II. Personal Information

Full Name:     
First Middle Last

Date of Birth:  Place of Birth:   
mm/dd/yyyy City or Town/State or 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 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)			
Date of Entry into U.S.:(mm/dd/yyyy)		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
<p><b>U.S. citizens:</b> 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 ID. For minors (individuals under the age of 18), a copy of a certified birth certificate is the only identity document required.</p> <p><b>Non-U.S. citizens:</b> 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.</p> <p>Check the box next to the document(s) you are submitting with this form:</p>

Documentation		Information	
<input type="checkbox"/>	Passport	Registration No.:	
		Country 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"/>	Voter Registration Card	Number:	
		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"/>	Certificate of Release or Discharge from Active Duty (DD Form 214)	Discharge Date: (mm/dd/yyyy)	
		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"/>	Immigrant/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)	



<input type="checkbox"/>	<b>NEXUS</b>	Number: Date: (mm/dd/yyyy)	
<input type="checkbox"/>	<b>Border Crossing Card</b>	Number: Date: (mm/dd/yyyy)	
<input type="checkbox"/>	<b>SEVIS</b>	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 or 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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) identified 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 a 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 S. 12th St., Arlington, VA 22202. 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 05/31/2007.

**PRIVACY ACT NOTICE AUTHORITY:** Title IV of the Intelligence Reform and Terrorism Prevention Act of 2004 authorizes DHS to take security measures to protect travel, and under Subtitle B, Section 4012(1)(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 carriers, where necessary for the sole purpose of carrying out your redress request. Disclosure: Furnishing this information is voluntary; however, the Department of Homeland Security may not be able to process your redress inquiry without the information requested.



**Homeland  
Security**

## **Traveler Inquiry Form**

**Please mail or e-mail your completed Traveler Inquiry Form and copies of identity documents to the Department of Homeland Security.**

### **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 22202-4220

### **E-mailing Instructions**

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

TRIP@dhs.gov