



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 am 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 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 information sheet by a CBP Officer
- Other travel related issue

II. Personal Information

Full Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of Birth:	<input type="text"/>	Place of Birth:	<input type="text"/>
	<i>mm/dd/yyyy</i>		<i>City or Town/Province/Country</i>
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	<input type="text"/>
		Weight:	<input type="text"/>
		Hair Color:	<input type="text"/>
		Eye Color:	<input type="text"/>

III. Contact Information

Mailing Address:	<input type="text"/>	<input type="text"/>
	<i>Street or PO Box</i>	<i>Apt. No.</i>
	<input type="text"/>	<input type="text"/>
	<i>City or Town</i>	<i>State or Province</i>
	<input type="text"/>	<input type="text"/>
	<i>Zip or Postal Code</i>	<i>Country</i>
Physical Address (if different):	<input type="text"/>	<input type="text"/>
	<i>Street</i>	<i>Apt. No.</i>
	<input type="text"/>	<input type="text"/>
	<i>City or Town</i>	<i>State or Province</i>
	<input type="text"/>	<input type="text"/>
	<i>Zip or Postal Code</i>	<i>Country</i>
Home Telephone:	<input type="text"/>	Work Telephone: <input type="text"/>
E-mail Address:	<input type="text"/>	



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

U.S. citizens: Please provide a legible, unexpired copy of all pages of your 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.

Non-U.S. citizens: Please provide a legible, unexpired copy of all 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"/>	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"/>	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 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 sixty 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 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 mm/dd/yyyy.

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 20598-6901

E-mailing Instructions

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

TRIP@dhs.gov