

Traveler Inquiry Form



Homeland
Security

Department of Homeland Security Traveler Redress Inquiry Program (DHS TRIP)

Thank you for contacting the Department of Homeland Security Traveler Redress Inquiry Program (DHS TRIP). DHS TRIP is a single point of contact for U.S and non-U.S citizens who have inquiries or seek resolution regarding difficulties they experience during their travel while undergoing screening at transportation hubs, such as airports and train stations, or while crossing U.S. borders.

If your concern relates solely to a belief that your personal information has been misused or that your civil rights have been violated, you may skip to Section II of this form.

An electronic application may be submitted at www.dhs.gov/TRIP and may be significantly faster.

Submitting the DHS TRIP Application:

An electronic application may be submitted at www.dhs.gov/TRIP, and may be significantly faster.

- 1. On behalf of another person:** DHS TRIP requires a DHS Form 590 Authorization to Release Information to Another Person designating a representative for the traveler. U.S. privacy laws prohibit any discussion about this case absent the traveler's express written consent. To represent the traveler, please instruct the traveler to complete and return the DHS Form 590. The G-28 is not used by this program. To obtain a copy of this form please visit <http://www.dhs.gov/step-2-how-use-dhs-trip>.
- 2. Family Applying for Redress:** DHS TRIP cannot accept family applications for any reason. Each person in a family that is seeking redress must submit a separate application along with a copy of a valid, unexpired travel document, e.g., passport. If the applicant is a minor (i.e., a child under age 18), a parent may apply on their behalf; however, the information provided in the application must be specific to the child seeking redress. Each redress requestor may also apply online by visiting: www.dhs.gov/trip. A parent is not required to complete a DHS Form 590.
- 3. Required Documents:** The traveler applying for redress must attest under penalty of perjury that the facts stated in the application for redress are true and correct. The applicant must sign the document to continue with the application; it cannot be signed on behalf of someone unless the application is for a minor. Please sign the appended document and include your Redress Control Number at the top of the form (if available). In addition, our program requires the submission of at least one government issued photograph-bearing travel document. In each document, DHS TRIP must be able to discern your facial features, and the information must be legible. It is strongly recommended that travelers submit a copy of a passport since it is required for international travel. Please note that our program does not accept expired travel documents. In the case of a child, we advise parents to submit a copy of the child's birth certificate. Do not send the original document. Please note that the provision of the identity document is a program requirement that DHS TRIP cannot waive. If the traveler only selects the Privacy box in Section II, no documents are required; however, if further review is needed, having documents will significantly accelerate the process.

E-mailing Instructions

Please e-mail the completed form and copies of identity documents to: TRIP@dhs.gov. Submitting documents electronically will accelerate the process.

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

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I. Your Travel Experience

Participation in the DHS Traveler Redress Inquiry Program is voluntary. If you wish to apply, complete this Traveler Inquiry Form; provide your original signature and e-mail it with a copy of at least one unexpired photograph-bearing, government-issued travel document (e.g., driver's license or unexpired passport) to: DHSTRIP@dhs.gov or mail it to: DHS Traveler Redress Inquiry Program (DHS TRIP), TSA-901, 601 South 12th Street, Arlington, VA 20598-6901. Each person in a family or other traveling group seeking redress must submit a separate application.

I was traveling with someone.

INCIDENTS RELATED TO FLIGHT:

Please provide the following information relating to your inquiry (not required, but helpful in processing your request):

Domestic Flight – flight originating in the United States and ending in the United States.

International Flight – flight that enters or exits the United States

Date: / / US Airport: Airline: Flight #:

Please check ALL scenarios that describe your travel experience (required):

I was subjected to additional screening by TSA Security Officers when going through an airport security checkpoint.

I was denied boarding.

I was detained by an official/agent during my travel experience.

I received an "SSSS" on my boarding pass.

I was unable to print a boarding pass at the airport kiosk or at home.

I was directed to the ticket counter.

The airline ticket agent stated that I am on a Federal Government Watch List.

The airline ticket agent took my identification and called someone before handing me a boarding pass.

Other (Please explain in Section III: Incident Details)

INCIDENTS RELATED TO PORTS OF ENTRY, IMMIGRATION, CUSTOMS, OR BORDER PATROL:

Please provide the following information relating to your inquiry (not required, but helpful in processing your request):

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.: / / US Airport:

U.S. Port of Departure: Name at Entry into U.S.:

Please check ALL scenarios that describe your travel experience (required):

I was referred for secondary screening when clearing U.S. Customs and Border Protection.

I was denied entry into the United States.

My Electronic System for Travel Authorization (ESTA) application was denied.

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 was given an information sheet by a CBP Officer.

Other (Please explain in Section III: Incident Details)

II. Privacy & Civil Rights and Civil Liberties

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I believe my privacy has been violated because an official/agent exposed or inappropriately shared my personal information.

Please note that if this application only concerns a privacy issue, you only need to fill out your name and contact information in Sections IV and V.

If you feel your civil rights have been violated, please use the following link to learn more about the Office for Civil Rights and Civil Liberties (CRCL) or use the CRCL Complaint Tool to file a complaint. <http://www.dhs.gov/xlibrary/assets/crcl-complaint-submission-form-english.pdf>. CRCL investigates allegations that DHS employees, programs or activities have violated a civil right or civil liberty, including, but not limited to: discrimination based on race, religion, national origin, gender or disability; abusive or coercive questioning; and unreasonable searches and seizures.

III. Incident Details (not required, but helpful in processing your request)

Please describe the incident related to the box(es) you have checked in Section I and/or Section II.

IV. Personal Information (Required)

Full Name:

Other Names Used:
(if applicable)

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

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

V. Contact Information (Required)

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*

Email Address (Optional):

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VI. Attorney/Representative Information (Required if applicable) To obtain a copy of the DHS Form 590 Authorization to Release Information to Another Person designating a representative for the traveler, please visit <http://www.dhs.gov/step-2-how-use-dhs-trip>.

Attorney/Representative:
First Names Middle Names Last Names

Attorney/Representative Firm Name:

Attorney/Representative Address:
Street or PO Box Apt No.

City or Town State or Province Zip or Postal Code Country

Telephone Number (Optional): Email Address (Optional):

VII. Identity Documentation

Please provide a legible, unexpired copy of your passport. If you do not have a passport, please provide at least one legible, unexpired copy of a government-issued, photograph-bearing travel document from the list below. For children under the age of 18 who do not possess a photograph-bearing travel document, a copy of a birth certificate may be submitted.

Do not send the original document. Please note that providing a copy of an identity document is a program requirement that DHS TRIP cannot waive. Please do not provide copies of Social Security Cards, Tax Information, or Personal Financial documents.

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

<input type="checkbox"/>	Passport	Passport Number:	<input type="text"/>
		Country of Issuance:	<input type="text"/>
		Date of Issuance:	<input type="text"/>
		Date of Expiration:	<input type="text"/>
<input type="checkbox"/>	Passport Card	Passport Card Number:	<input type="text"/>
		Country of Issuance:	<input type="text"/>
		Date of Issuance:	<input type="text"/>
		Date of Expiration:	<input type="text"/>
<input type="checkbox"/>	Driver's License	License No:	<input type="text"/>
			<input type="text"/>

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		State of Issuance:	
		Date of Expiration:	
<input type="checkbox"/>	Birth Certificate <i>(Sufficient identity document for minor ONLY)</i>	Registration Number:	
		Place of Issuance:	
<input type="checkbox"/>	Military Identification Card	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 ID Card	Check one:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Tribal
		Government ID Number:	
<input type="checkbox"/>	Certificate of Citizenship	Certificate Number:	
		Place of Issuance:	
		Date of Issuance:	
<input type="checkbox"/>	Naturalization Certificate	Certificate Number:	
		Location of Naturalization:	
		Naturalization Date: <i>(mm/dd/yyyy)</i>	/ /
<input type="checkbox"/>	Immigrant/Non-immigrant Visa	Control Number:	
		Place of Issuance:	
		Date of Expiration:	
<input type="checkbox"/>	Alien Registration	Alien Registration Number:	
		Date of Issuance:	
		Date of Expiration:	
<input type="checkbox"/>	SENTRI	SENTRI Number:	
		Date of Issuance:	
		Date of Expiration:	
<input type="checkbox"/>	NEXUS	NEXUS Number:	
		Date of Issuance:	
		Date of Expiration:	
<input type="checkbox"/>	FAST	FAST Number:	
		Date of Issuance:	
		Date of Expiration:	

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<input type="checkbox"/>	Global Entry	Global Entry Number:	
		Date of Issuance:	
		Date of Expiration:	
<input type="checkbox"/>	Border Crossing Card	Border Crossing Card Number:	
		Date of Issuance:	
		Date of Expiration:	
<input type="checkbox"/>	Additional Supplemental Documents	Document Name:	
		Document Number:	

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:

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 **xx/xx/201x**.

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(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. Disclosure: Furnishing this information is voluntary; however, the Department of Homeland Security may not be able to process your redress inquiry with the information requested.