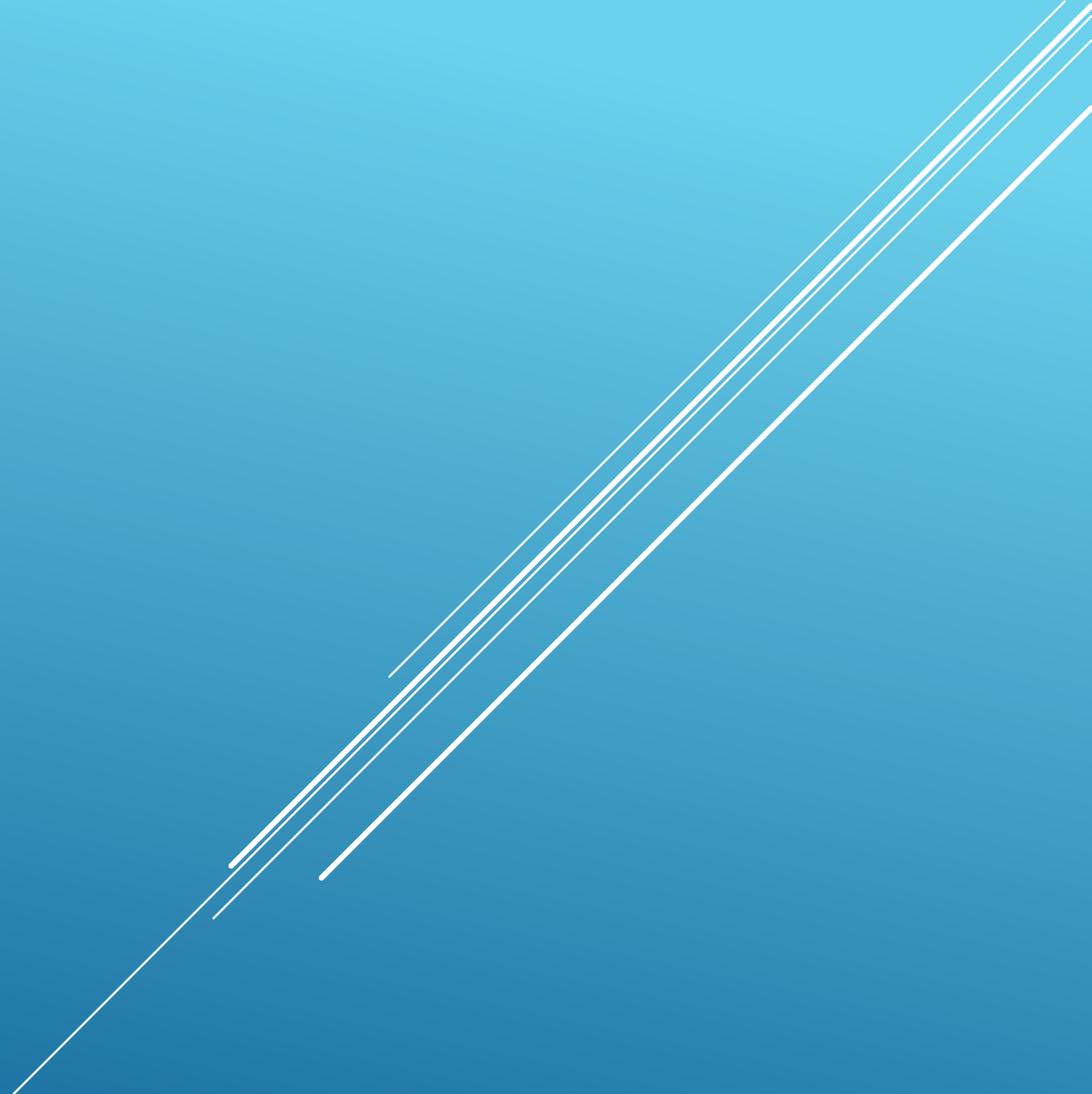
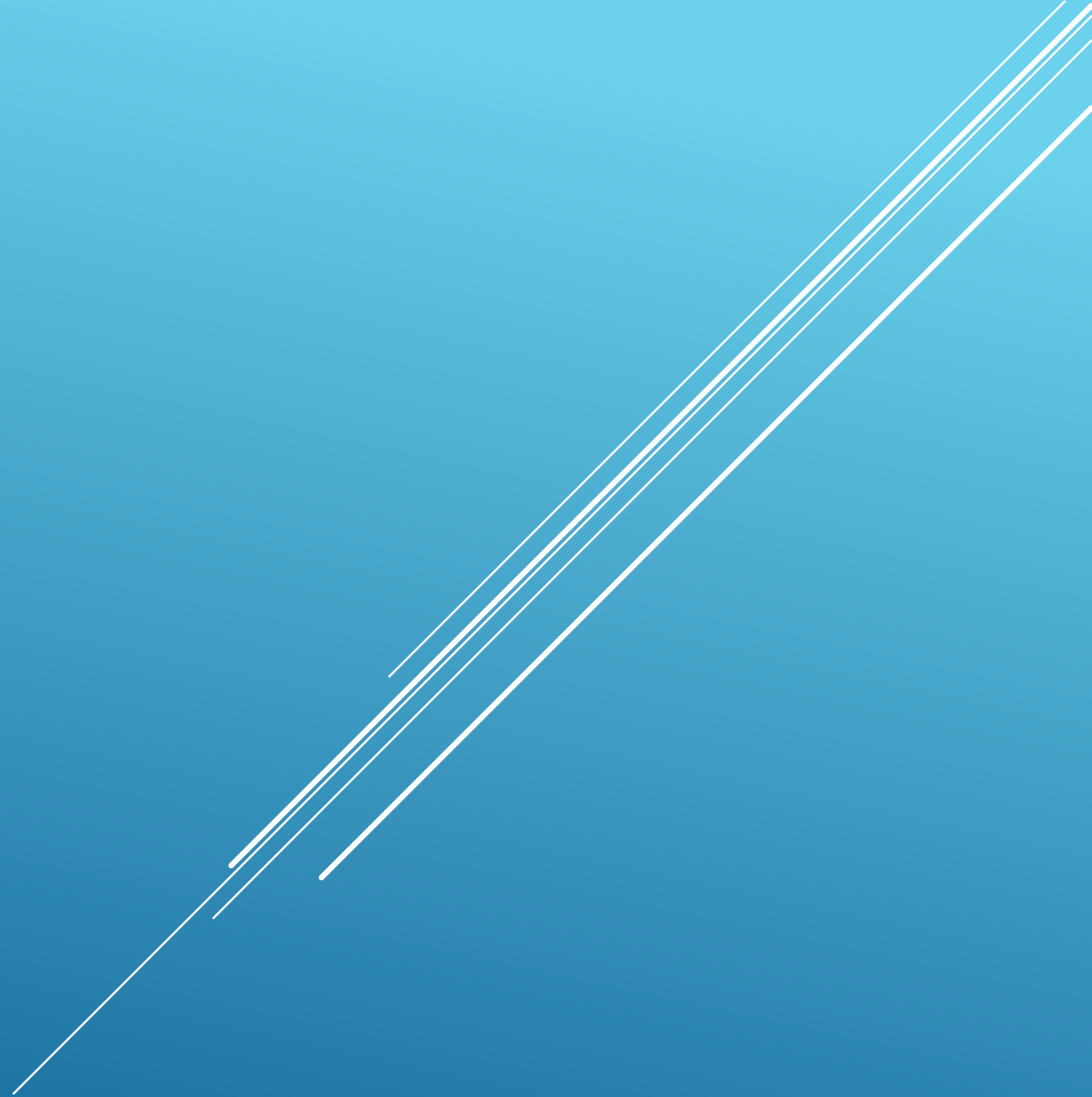


1652-0030

**Electronic
Forms**



REQUEST FOR Assistance



Contact Email

Please select feedback type:

Complaint

In the event we did not meet your expectations, you can submit your complaint by completing our online form. Your feedback is very important to us.

Compliment

Hopefully we have exceeded your expectations. In the event that we have, you can tell us about your experience by completing this brief online form. Your feedback matters to us.

Request for Information

Submit a request if you need information about TSA policies and procedures such as traveling with medical conditions, prohibited & permitted items, security screening and more.

Security Issue

You play a critical role in identifying and reporting suspicious activities and threats. If you notice a security concern or vulnerability, please let us know.

Contact Center

(866) 289-9673

Weekdays:

8 a.m. to 11 p.m. ET

Weekends/Holidays:

9 a.m. to 8 p.m. ET

Email Contact Center

TSA Cares Request for Assistance Please use this form to request assistance through the screening checkpoint at least 72-hours ahead of your scheduled departure time. If you are traveling in less than 72-hours, please call TSA Cares at [\(855\) 787-2227](tel:8557872227).

TSA Cares Request for Assistance

Please note that the level of service will vary based on the airport's resources. Some airports may have the resources to call or e-mail you ahead of time to coordinate a meeting point and others may simply notify the checkpoint of your estimated arrival time.

If you need wheelchair assistance, please contact your airline.

If you need wheelchair assistance, please contact your airline.

*** Required fields**

***Are you traveling one way or round trip?**

Radio button to choose the option. It will drop down one either "departure" or "departure and return"

Departure Flight Information:



*Date	Some sort of notification if it's less than 72 hours – call TSA Cares?
*Airport	Drop down
*Airline	Make this a drop down option to reduce errors
*Flight number	
*Time	AM or PM – remove military time, too many errors

Return Flight Information: (only show if round trip is selected)

*Date	Some sort of notification if it's less than 72 hours – call TSA Cares?
*Airport	Drop down
*Airline	Make this a drop down option to reduce errors
*Flight number	
*Time	AM or PM – remove military time, too many errors

***Please describe the type of assistance needed? For example, "I travel with several oversized medically necessary liquids.", "I have difficulty standing or waiting in line.", or "My child is on the Autism Spectrum and is easily overwhelmed at the checkpoint."**

Open text box

Passenger or Contact Information

*First Name	
*Last Name	
*Email	
Cell Phone/Day of Travel Phone #	

Traveling Companion

First Name	
Last Name	

Once submitted, there will be a pop up that says: Your form has been submitted and forwarded to the departure airport(s). Please note that the level of service will vary based on the airport's resources. Some airports may have the resources to call or e-mail you ahead of time to coordinate a meeting point and others may simply notify the checkpoint of your estimated arrival time.

This is the only new information that we are requesting. All other questions exist in other forms.

SECURITY

Issue



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[Email Contact Center](#)



[Home](#) » [Security Issue](#)

Security Issue

* = Required field

** If it is emergency, please contact 911 immediately.

Categories *

- Select -
- Boarding Pass
- Firearms
- Prohibited Items
- Screening Process
- Technology
- Other

Please provide *

* Please do not use special characters like [, (, {, #, & or @.

Passenger Information

First Name: *

Last Name: *

Passenger Information

First Name: *

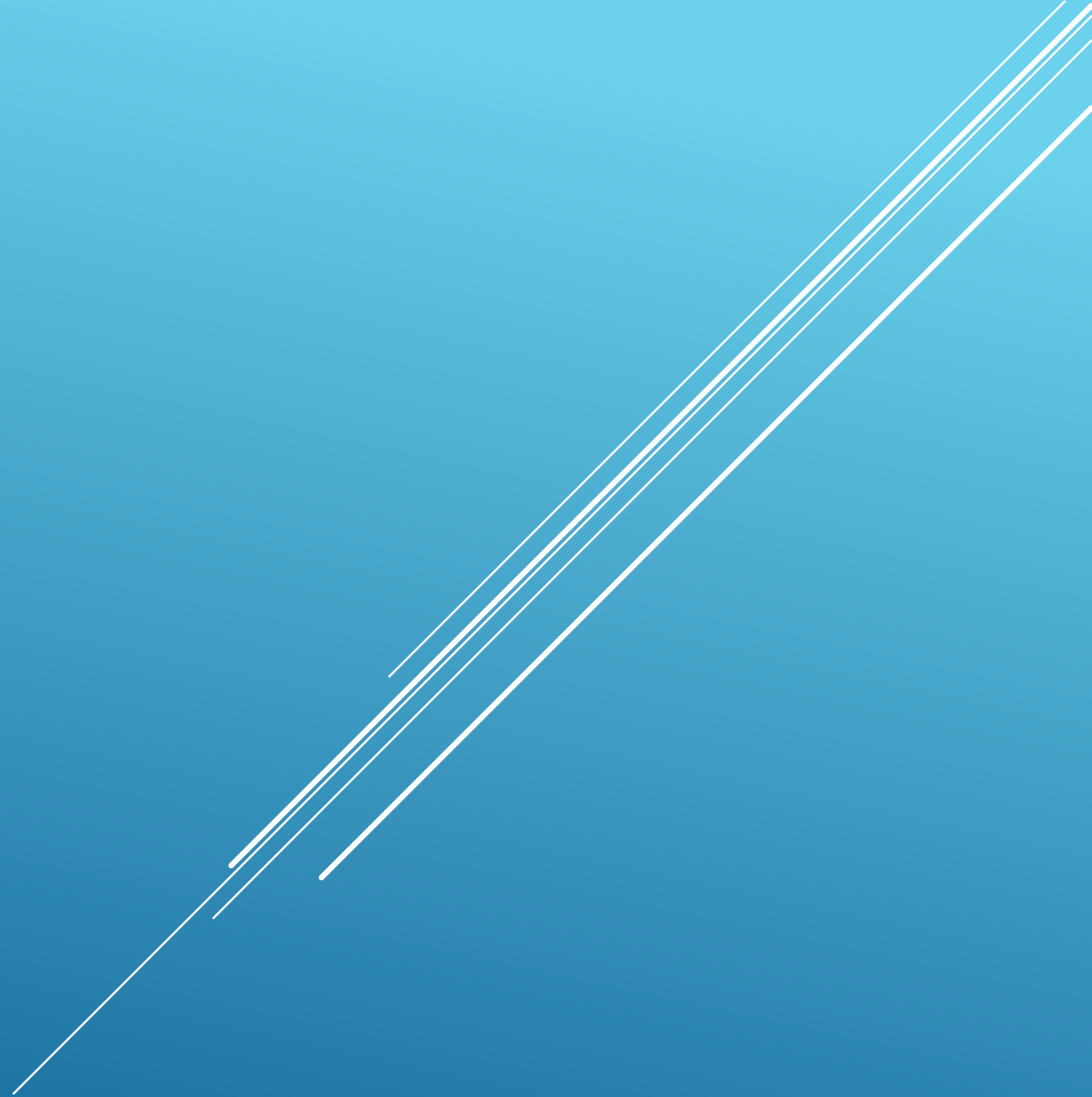
Last Name: *

Email: *

Phone:

Submit

Complaint



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[Email Contact Center](#)



[TRAVEL](#)

[MEDIA](#)

[ABOUT](#)

[CONTACT](#)

[Home](#) » [Complaint](#)

Complaint

* = Required field

Categories: *

- Broken Locks
- Civil Rights and Liberties
- Lost and Found
- Missing or Damaged Items
- Prohibited Items
- Professionalism/Customer Service
- Screening
- TSA Pre✓®

Where did this happen:

Date:

Approximate Time:

:

Name of TSA employee (if known):

Airline & Flight Number:

Checkpoint/Area of Airport:

Please provide a description of your inquiry/comment. *

* Please do not use special characters like [, (, {, #, & or @.

Passenger Information



[Home](#) » [Complaint](#)

Complaint

* = Required field

Categories: *

Where did this happen? *

Date:

Approximate Time: :

Name of TSA employee (if known):

Airline & Flight Number:

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First Name: *

Last Name: *

Email: *

Phone:



[Home](#) » [Complaint](#)

Complaint

* = Required field

Categories: *

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[Home](#) » [Complaint](#)

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Name of TSA employee (if known):

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[Home](#) » [Complaint](#)

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[Home](#) » [Complaint](#)

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[Home](#) » [Complaint](#)

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[Home](#) > [Complaint](#)

Complaint

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Categories: *

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[Email Contact Center](#)



[Home](#) » [Compliment](#)

Compliment

* = Required field

Categories *

- Select -
- Professionalism/Customer Service
- Screening
- TSA Pre✓®
- Other

Please provide

* Please do not use special characters like [, (, {, #, & or @.

Travel Information

Airport: *

Date: 

Travel Information

Airport: *

Date: 

Approximate Time: :

Airline & Flight Number:

Checkpoint/Area of Airport:

Name of TSA employee (if known):

Would you like a response? *

- Yes, I would like a response.
- No, a response isn't required.

Request for Information



Contact Email

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[Email Contact Center](#)



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Request for Information

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Category *

- Select -
- Children
- Disability or Medical Condition
- Firearms
- Identification
- Jobs at TSA
- Liquids Rule (3-1-1)
- Prohibited Items
- Screening
- TSA Pre✓®
- Other

Please provide

* Please do not use special characters like [, (, {, #, & or @.

Passenger Information

First Name: *

Last Name: *

Email: *

* Please do not use special characters like [, (, {, #, & or @.

Passenger Information

First Name: *

Last Name: *

Email: *

Phone:

Submit

Privacy Act Statement:

- **AUTHORITY:** 49 USC § 114(f)(15). **PRINCIPAL PURPOSE(S):** This information will be used to manage and respond to traveler inquiries or complaints. **ROUTINE USE(S):** This information may be shared in accordance with the Privacy Act of 1974, 5 USC § 552(a), for routine uses identified in the TSA system of records, DHS/TSA-006 Correspondence and Matters Tracking Records, or as further described in the Privacy Impact Assessment DHS/TSA/PIA-046 TSA Contact Center, and subsequent updates, available at www.dhs.gov/privacy. **DISCLOSURE:** Furnishing this information is voluntary; however, failure to provide the requested information may prevent TSA from being able to respond to a traveler's inquiry or complaint.

Paperwork Reduction Act Statement:

- TSA will use the information to improve customer service and may share it with airport operators for this purpose. This is a voluntary collection. It is estimated that the total annual burden per response associated to this collection is approximately 5 minutes. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a valid OMB control number. The control number assigned to this collection is OMB-1652-0030, which expires 4/30/2018. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to TSA PRA Officer, 601 S. 12th Street, Arlington, VA 20598-6011. ATTN: PRA 1652-0030.

PRIVACY ACT & PAPERWORK REDUCTION ACT STATEMENTS