

Public reporting burden for this information collection is estimated to average 7 minutes per response, including the time for searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995 and its implementing regulations, a respondent is not required to respond to, conduct, or sponsor a collection of information that does not display a currently valid OMB control number. The valid OMB control number for this information collection is 2130-0590. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave S.E., Washington D.C. 20590.

Federal Railroad Administration Alleged Violation and Inquiry Form

Your submission is voluntary and anonymous unless you choose to provide us with your contact information. Choosing not to provide your contact information may affect FRA's ability to follow up with you on the status of the investigation and may prevent FRA from adequately investigating the alleged violation, complaint, or inquiry.

If you are not comfortable submitting your report through the internet, we recommend that you submit your report by mail using the address provided below.

Our privacy policy can be viewed at <https://www.transportation.gov/dot-website-privacy-policy>. **All information submitted through this form, including any identifying information, will be protected and will only be used to contact you if FRA has any follow up questions.**

FRA Alleged Violation and Inquiry Form
Federal Railroad Administration
Office of Railroad Safety
1200 New Jersey Avenue, S.E.
Washington, D.C. 20590

Webform Field	Notes
<u>AVF Collection Questions</u> Anonymous submissions are allowed, but FRA strongly encourages at least one type of contact information for follow-up communications.	
Type:	Dropdown with Alleged Violation Complaint Inquiry

Title:	Dropdown with Mr. Ms. Mrs. Dr. Mx. or Ind.
First Name:	Text Box
Last Name:	Text Box
Email Address:	Text Box
Telephone Number: (---) --- ----	Text Box
Mailing Address:	Separate text boxes for each element rather than one large box
Street	
City	
State	
Zip Code	
Preferred Method of Contact:	Dropdown with Phone Email
Your Position:	Dropdown with Public Citizen Railroad Employee Other
Category of Alleged Violation, Complaint, or Inquiry:	Dropdown menu the same as current one (except in alphabetical order and delete the extra "Other" listing) Drug and Alcohol

	Equipment General Rules and Regulations Grade Crossing Hazardous Materials Hours of Service Signal and Train Control Telephone and Radio Communications Track and Structures Train Horn Workplace Safety Other
Date of Alleged Violation, Complaint, or Inquiry:	Date option such as _/~/ or dropdown
Time of Alleged Violation, Complaint, or Inquiry:	Time option dropdown with 1-12 and then A.M. or P.M.
Location of Alleged Violation, Complaint, or Inquiry:	Dropdown with states and then dropdown with city (or dropdown with state and then separate text box for hand entering city)
Railroad, Company, or Entity that Committed the Alleged Violation or is Involved in the Complaint or Inquiry:	Dropdown with the following: Amtrak BNSF Railway (BNSF) CSX Transportation (CSX) Canadian National (CN) Canadian Pacific (CP) Kansas City Southern (KCS) Norfolk Southern (NS) Union Pacific (UP) Other (This option will allow for respondent to hand enter an answer)
Please provide a description of the alleged violation, complaint, or inquiry. Be as specific and detailed as possible.	[larger open text box]

When the form is submitted, users who provide an email address will receive an automated response from FRA.

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