

1652-0030

**Complaint Form: Civil Rights and/or Civil  
Liberties**



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## Complaint

\* = Required field

Categories: \*

- 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

First Name: \*

Last Name: \*

Email: \*



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## Complaint

\* = Required field

Categories: \*

What is your complaint about? \*

Where did this happen? \*

Date:

Approximate Time:  :

Please provide a description of the issue. \*

List any witnesses:

Name of TSA employee (if known):

Are you filing this form for yourself? \*  Yes  No

### Contact Information

First Name: \*

Last Name: \*

Address:

City:

List any witnesses:

Name of TSA employee (if known):

Are you filing this form for yourself? \*  Yes  No

#### Contact Information

First Name: \*

Last Name: \*

Address:

City:

State:

Zip Code:

Phone:

Email: \*

Preferred Language to Respond

Preferred Time to be contacted

Consent \*  Yes, I declare under penalty of perjury under the laws of the United States of America that the civil rights and liberties complaint that I have filed with TSA is true and correct and I have read and agree with and to the terms outlined below.

I will cooperate with TSA's complaint resolution activities undertaken on my behalf. I understand that my failure to cooperate with TSA may result in the closure of my complaint. I understand that the TSA may share the information I have provided as needed to resolve this complaint.

List any witnesses:

Name of TSA employee (if known):

Are you filing this form for yourself? \*  Yes  No

### Contact Information

First Name: \*

Last Name: \*

Address:

City:

State:

Zip Code:

Phone:

Email: \*

Preferred Language to Respond

Preferred Time to be contacted

Consent \*  Yes, I declare und  
with TSA is true and correct and I

I will cooperate with TSA's compla  
my complaint. I understand that t

- None -
- English
- Arabic
- Chinese
- French
- German
- Japanese
- Korean
- Punjabi
- Russian
- Spanish
- Vietnamese

under the laws of the United States of America that the civil rights and liberties complaint that I have filed  
with and to the terms outlined below.

undertaken on my behalf. I understand that my failure to cooperate with TSA may result in the closure of  
information I have provided as needed to resolve this complaint.

Submit



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## Complaint

\* = Required field

Categories: \*

What is your complaint about? \*

- Select -
- Association
- Disability/Medical condition
- Fifth Amendment
- Gender
- National Origin
- Profiling
- Race/Ethnicity
- Religion
- Speech
- Unreasonable Search and Seizure
- Other

Where did this happen? \*

Date:

Approximate Time:  :

Please provide a description of the

List any witnesses:

Name of TSA employee (if known):

Are you filing this form for yourself? \*  Yes  No

### Contact Information

First Name: \*

Last Name: \*

Address:

List any witnesses:

Name of TSA employee (if known):

Are you filing this form for yourself? \*  Yes  No

Relationship \*

- Child
- Parent
- Attorney
- Sibling
- Companion
- Advocate

#### Contact Information

First Name: \*

Last Name: \*

Address:

City:

State:

Zip Code:

Phone:

Email: \*

Preferred Language to Respond

Preferred Time to be contacted

Consent \*  Yes. I declare under penalty of perjury under the laws of the United States of America that the civil rights and liberties complaint that I have filed

### 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](http://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 7 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 4/30/2022. 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, 6595 Springfield Center Drive, Springfield, VA 20598-6011. **ATTN:** PRA 1652-0030.

# PRIVACY ACT & PAPERWORK REDUCTION ACT STATEMENTS