

1652-0030

ELECTRONIC FORMS





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.

TSA PreCheck®

If you are not receiving TSA PreCheck® on your boarding pass or have other concerns about TSA PreCheck®, you can tell us about your issue by completing this 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.

TSA Cares

Submit a request for assistance through the TSA screening checkpoint. Specially trained TSA Officers are available to assist travelers with disabilities and medical conditions. For wheelchair assistance, please contact your airline.

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.

COMPLAINT



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[MEDIA](#)

[ABOUT](#)

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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



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Complaint

* = Required field

Categories: *

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: *

Phone:



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Complaint

* = Required field

Categories: *

Where did this happen? *

Date:

Approximate Time: :

Name of TSA employee (if known):

Airline & Flight Number:

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Please provide a description of your inquiry/comment. *

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Passenger Information

First Name: *

Last Name: *

Email: *

Phone:



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Categories: *

Where did this happen? *

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Passenger Information

First Name: *

Last Name: *

Email: *

Phone:



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Categories: *

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First Name: *

Last Name: *

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Categories: *

Where did this happen? *

Date:

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Name of TSA employee (if known):

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Passenger Information

First Name: *

Last Name: *

Email: *

Phone:



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* = Required field

Categories: *

Where did this happen? *

Date:

Approximate Time: :

Name of TSA employee (if known):

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Please provide a description of your inquiry/comment. *

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

Passenger Information

First Name: *

Last Name: *

Email: *

Phone:

TSA PRECHECK



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Enter your search terms

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TSA PreCheck

Required field = *

If you are not receiving TSA PreCheck® on your boarding pass, please verify that your Name, Known Traveler Number and Date of Birth are correct on your reservation. Additionally, please verify that you are traveling on an airline that currently participates in the TSA PreCheck® program.

Is this issue related to not receiving TSA PreCheck® on your boarding pass? *

Flight Information

Date of Travel: *

Time of Travel: *

Please note, TSA PreCheck® inquiries are time sensitive - the information you provide must be within 72 hours of your most recent or upcoming flight in order for us to research the issue.

Airline Name: *

Flight Number: *

Departure Airport: *

Airline Reservation Confirmation Number: *

Airline Reservation Confirmation Number: *

* This is six alphanumeric characters usually included on your boarding pass and confirmation email.

Please provide a description of your inquiry/comment. *

* We will remove special characters like @, #, \$, %, &, -, ', {, (, [or > . Please do not use them in your submission.

Passenger Information

First Name: *

Last Name: *

How are you enrolled in TSA PreCheck®: *

Known Traveler Number: *

Email: *

Phone: *

Submit

COMPLIMENT



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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



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Request for Information

* = Required field

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

TSA CARES



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Request for TSA Cares Assistance

Required field = *

If your flight is within 72 hours, please call TSA Cares (855) 787-2227 to request assistance. TSA Cares assistance is only available for help through the screening checkpoint. If you need in-flight assistance or wheelchair assistance from the curb to the flight, please contact your airline.

Contact Information

First Name: *

Last Name: *

Email: *

Phone Number:

Flight Details

Departure Flight details

Airport: *

Date: *

Time: *

Airline Name: *

Flight Number: *

Do you have a return flight? *

Yes No

Name of Passenger:

Traveling Companions Name(s):

*** Describe the type of assistance you need at the screening checkpoint. If the request is for a child, please provide their age. See below for examples of information that may be helpful for TSA Cares:**

- Difficulty standing or waiting in line
- Difficulty following instructions
- Mobility limitations including difficulty standing, walking or lifting your arms
- Use of mobility aids or support devices
- Internal/external devices or other concerns that may affect your ability to use screening technology
- Transporting medically necessary liquids, gels, aerosols over 3.4oz
- Traveling with a service animal
- Difficulty understanding and communicating in English
- Religious or cultural items
- Religious headwear or garments
- A Tribal traveler with cultural, sacred items and/or regalia
- Concerns regarding screening for transgender and gender diverse individuals

* We will remove the following special characters like @, #, \$, %, &, -, ", {, (, [or > . Please do not include them in your submission.

Submit

SECURITY ISSUE



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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



PRIVACY ACT &
PAPERWORK
REDUCTION ACT

STATEMENTS

Privacy Act & Paperwork Reduction Act Statements

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 4/30/2022. 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 Drive, Springfield, VA 20598-6011. ATTN: PRA 1652-0030.