Electronic Forms

OMB CONTROL NUMBER 1652-0030

CUSTOMER COMMENT TOOLS

Electronic Feedback Categories

COMPLIMENT

Compliment 1 of 2

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: *   - Select -

Date: Month ∨ Day ∨ Year ∨

Approximate Time: Hour ∨ : 00 ∨

Compliment 2 of 2

Travel Information

Airport: * [- Select - ▲▼]

Date: [mm/dd/yyyy 🗓]

Approximate Time: [e.g. 1:30 PM]
Enter time in 30-minute intervals (e.g. 1:30 PM, 2:00 PM). Enter manually or use drop-down.

Airline Name:
[   ]

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.]

Submit

TSA PRECHECK

TSA PreCheck 1 of 2

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? *

Yes

Flight Information

Date of Travel: *   mm/dd/2025

Time of Travel: *   e.g. 12:00 PM

e.g. 12:00 PM. Enter manually or use drop-down.
* 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: *   - Select -

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.

TSA PreCheck 2 of 2

Passenger Information

First Name: *

Middle Name: *

* Your full middle name is preferred. If you don't have a middle name, please type NMN.

Last Name: *

Date of Birth: * mm/dd/yyyy

How are you enrolled in TSA PreCheck®: * - Select -

Known Traveler Number: *

Email: *

Confirm email *

Phone: *

Submit

REQUEST FOR INFORMATION

Request for Information 1 of 2

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: *

Request for Information 2 of 2

Request for Information

Required field = *

Category * [Children   ⇕]

Please provide a description of your inquiry. *

[   ]

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

Passenger Information

First Name: * [   ]

Last Name: * [   ]

Email: * [   ]

Confirm email * [   ]

Phone: [   ]

Submit

TSA CARES

Request for TSA Cares Assistance 1 of 3

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:

Request for Assistance 2 of 3

Flight Details

Departure Flight details

Airport: * | ALABAMA - MGM - Montgomery Regional ⬍

Date: * | [   ] 📅

Time: * | [   ]

Airline Name: * | [   ]

Flight Number: * | [   ]

Do you have a return flight? *

○ Yes ○ No

Request for Assistance 3 of 3

Name of Passenger: *

Traveling Companions Name(s):

* Describe the type of screening assistance you need at the checkpoint. If the request is for a child, please provide their age. See below for examples of information to include:

- I have difficulty following instructions due to a disability or medical condition
- I have mobility limitations including difficulty standing, walking or lifting my arms
- I use mobility aids or support devices
- I have internal/external devices or other concerns that may affect my ability to use screening technology
- I am traveling with medically necessary liquids, gels, aerosols over 3.4oz
- I am traveling with a child who has a disability, or medical condition
- I am traveling with a service animal
- I have difficulty understanding and communicating in English
- I am traveling with religious or cultural items
- I wear religious headwear or clothing
- I am a Tribal traveler with cultural, sacred, spiritual items and/or ceremonial regalia and headdress.
- I am traveling with crematory remains

Description of screening assistance *

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

Submit

SECURITY ISSUE

Security Issue 1 of 2

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: *

Security Issue 2 of 2

COMPLAINT

Complaint 1 of 8

Complaint 2 of 8

Complaint 3 of 8

Passenger Information

First Name: * [   ]

Last Name: * [   ]

Email: * [   ]

Confirm email * [   ]

Phone: [   ]

Submit

Complaint

Required field = *

Categories: * `Lost and Found`

Complaint Detail

Where did this happen? * `- Select -`

Date: * `mm/dd/yyyy`

Approximate Time: * `e.g. 1:30 PM`
Enter time in 30-minute intervals (e.g. 1:30 PM, 2:00 PM). Enter manually or use drop-down.

Name of TSA employee (if known):

Airline Name: *

Flight Number: *

Checkpoint/Area of Airport:

Please provide a description of your inquiry/comment. *

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

Complaint 5 of 8

Complaint

Required field = *

Categories: * [Missing or Damaged Items   ⇅]

Complaint Detail

Where did this happen? *   [- Select -   ⇅]

Date: * [mm/dd/yyyy   📅]

Approximate Time: * [e.g. 1:30 PM   ]
Enter time in 30-minute intervals (e.g. 1:30 PM, 2:00 PM). Enter manually or use drop-down.

Name of TSA employee (if known): [   ]

Airline Name: *
[   ]

Flight Number: * [   ]

Checkpoint/Area of Airport: [   ]

Baggage Type [Carry-on] [Checked]

Please provide a description of your inquiry/comment. *
[   ]

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Complaint

Required field = *

Categories: * [Professionalism/Customer Service ▼]

Complaint Detail

Where did this happen? * [- Select - ▼]

Date: * [mm/dd/yyyy 📅]

Approximate Time: * [e.g. 1:30 PM]
Enter time in 30-minute intervals (e.g. 1:30 PM, 2:00 PM). Enter manually or use drop-down.

Name of TSA employee (if known): [ ]

Airline Name: * [ ]

Flight Number: * [ ]

Checkpoint/Area of Airport: [ ]

Please provide a description of your inquiry/comment. *
[ ]

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

PRIVACY ACT & PAPERWORK REDUCTION ACT STATEMENTS

Privacy Act Statement & Paperwork Reduction Act Statement

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 8/31/2025. 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.