DEPARTMENT OF HOMELAND SECURITY

TRAVELER INQUIRY FORM

OMB Control No. 1652-0044 Exp: 01/31/2026

Thank you for contacting the Department of Homeland Security Traveler Redress Inquiry Program (DHS TRIP). DHS TRIP is a single point of contact for U.S and non-U.S citizens who have inquiries or seek resolution regarding difficulties they experience during their travel while undergoing screening at transportation hubs, such as airports and train stations, or while crossing U.S. borders. If you wish to apply, you must complete a Traveler Inquiry Form and provide certain required documentation. Your application can be e-mailed or mailed to DHS TRIP. E-mailed applications may be processed more quickly than mailed applications. Below are details regarding submitting a DHS TRIP application.

If your concern relates solely to a belief that your personal information has been misused or that your civil rights have been violated, you may skip to Section II of this form.

While you may apply via email or surface mail, submitting an electronic application at www.trip.dhs.gov may be significantly faster.

SUBMITTING YOUR DHS TRIP APPLICATION

On Behalf of Another Person

DHS TRIP requires a DHS Form 590, Authorization to Release Information to Another Person, which permits DHS TRIP to communicate with and provide information to someone other than the traveler, including someone serving as a representative for the traveler. U.S. privacy laws prohibit any discussion about this case absent the traveler's express written consent. To authorize DHS to release information about the traveler to a third party, the traveler must complete and return the DHS Form 590. The G-28 is not used by this program. To obtain a copy of this form please visit http://www.dhs.gov/step-2-how-use-dhs-trip.

Family or Group Applying for Redress

DHS TRIP cannot accept family or group applications for any reason. Each individual that is seeking redress must submit a separate application along with a copy of a valid, unexpired travel document, e.g., passport. If the applicant is a minor (i.e., a child under age 18), a parent or guardian may apply on their behalf; however, the information provided in the application must be specific to the child seeking redress. Each redress requestor may also apply online by visiting www.trip.dhs.gov. A parent/guardian is not required to complete a DHS Form 590.

Required Documents

The traveler applying for redress must attest under penalty of perjury that the facts stated in the application for redress are true and correct. The applicant must sign the document to continue with the application; it cannot be signed on behalf of someone unless the application is for a minor. In addition, our program requires the submission of at least one government issued photograph bearing travel document. In each document, DHS TRIP must be able to discern your facial features, and the information must be legible. It is strongly recommended that travelers submit a copy of a passport since it is required for international travel. Please note that our program does not accept expired travel documents. If the application is for a minor, parents or guardians may submit a copy of the minor's birth certificate if no driver's license or state-issued identification card is available. Do not send the original document. Please note that the provision of the identity document is a program requirement that DHS TRIP cannot waive.

Privacy Issue

If the traveler only selects the Privacy box in Section II, no documents are required; however, having documents will significantly accelerate the process if further review is needed.

Civil Rights and Civil Liberties Issue

If the traveler wishes to make a civil rights and civil liberties complaint, they may use the following link to learn more about the DHS Office for Civil Rights and Civil Liberties (CRCL) or use the CRCL Complaint Tool to file a complaint. http://www.dhs.gov/xlibrary/assets/crcl-complaint-submission-form-english.pdf. CRCL investigates allegations that DHS employees, programs or activities have violated a civil right or civil liberty, including, but not limited to discrimination based on race, religion, national origin, sex or disability; abusive or coercive questioning; and unreasonable searches and seizures.

E-MAILING INSTRUCTIONS

Please e-mail the completed form and copies of identity documents to: <u>TRIP@tsa.dhs.gov</u>. Submitting documents electronically will accelerate the process.

MAILING INSTRUCTIONS

Please mail the completed form and copies of identity documents to:

DHS Traveler Redress Inquiry program (TRIP) 6595 Springfield Center Drive, TSA-901 Springfield, Virginia 20598-6901

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1. YOUR TRAVEL EXPERIENCE

Participation in the DHS Traveler Redress Inquiry Program is voluntary. If you wish to apply, complete this Traveler Inquiry Form; provide your original signature and e- mail it with a copy of at least one unexpired photograph-bearing government-issued travel document (e.g., driver's license or unexpired passport) to TRIP@tsa.dhs.gov or mail it to DHS Traveler Redress Inquiry Program (DHS TRIP), 6595 Springfield Center Drive, TSA-901 Springfield, Virginia 20598-6901. Each person in a family or other traveling group seeking redress must submit a separate application.

Please provide the information below that describes your travel experience. You must provide information for one of the experiences that describe your travel incident below.

Incidents Related to Flight				
Please provide the following information relating to your inquiry (not required, but helpful in processing your request).				
Flight Date		Airport		
Airline		Flight #		
Domestic Flight – flight originating in the United States and ending in the United States.				
International Flight – Flight that enters or exits the United States.				
Please check ALL scenarios that describe your travel expe	rience (Requirec	<i>(</i>)		
If you have multiple flights, please provide the information in Section 3: Incident Details				
☐ I was subjected to additional pre-board screening by officials/agents when going through an airport security checkpoint.				
☐ I was denied boarding.				
☐ I was delayed by an official/agent during my travel experience.				
☐ I received an "SSSS" on my boarding pass.				
☐ I was unable to print a boarding pass/directed to ticket counter.				
Other (please explain in Section 3: Incident Details).				
Incidents Related to Ports of Entry, Immigration, Customs, or Border Patrol				
Please provide the following information relating to your	inquiry (not requ	iired, but helpful in processing your reques	t).	
Name of Entry into U.S.				
Date of Entry into U.S.		Departure Date from U.S.		
U.S. Port of Entry	U.S. Port of Departure			
U.S. Airport	Name of Airline or Ship Flight or Cruise Nun		Flight or Cruise Number	

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Please check ALL scenarios that de	escribe your travel experience (Required)			
☐ I was referred for second	ary screening when clearing U.S. Customs and Border Protection.			
I was denied entry into the United States.				
My Electronic System for	Travel Authorization (ESTA) application was denied.			
☐ I am a foreign student or exchange visitor who is unable to travel.				
☐ I was given an informatio	n sheet by a CBP Officer.			
☐ I got an "X" at the kiosk (A	APC or Global Entry).			
My Electronic Visa Update	e System (EVUS) enrollment was unsuccessful.			
My Global Entry Applicati	on was denied.			
Other (Please explain in S	Section 3: Incident Details).			
_	2. INCIDENTS RELATED TO PRIVACY			
I believe my privacy has be information.	peen violated because an official/agent exposed or inappropriately shared my personal			
	ation only concerns a privacy issue, in Section 4 you don't need to fill out more than your name (no Used, Date of Birth, Place of Birth, etc.).			
	3. INCIDENT DETAILS (REQUIRED)			
	elated to the box(es) you have checked in Section1 and/or Section 2. Please note that we are plications in languages other than English.			
	4. PERSONAL INFORMATION (REQUIRED)			
Full Name	4. PERSONAL INFORMATION (REQUIRED)			
Full Name As shown on passport or other tra				
As shown on passport or other training. Other Names Used				
As shown on passport or other training. Other Names Used	vel documents			

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Sex					
Female Male					
Height	Weight	Hair Color		Eye C	olor
Select					
U.S. Person (Legal Perma	nent Resident or U.S. Citizen)	☐ Non	-U.S. Person] Dual	Citizen
	F CONTACT INF	ODMATION	DECLUBED)		
Mailing Address	5. CONTACT INFORMATION (REQUIRED) Mailing Address Apt				
City			State or Province		Zip
Country					
Physical Street Address				Apt	
If different					
City			State or Province		Zip
Country					
Email					
6. /	ATTORNEY/REPRESENTATIVE IN	NFORMATIO	N (REQUIRED IF APPI	LICABL	E)
To obtain a copy of the DHS For http://www.dhs.gov/step-2-ho	orm 590 Authorization to Releas ow-use-dhs-trip.	e Informatio	n to Another Person,	please	visit
Attorney/Representative Full I	Name				
Attorney/Representative Firm	Name				
Attorney/Representative Addr	ress				Apt
City State or Province			Zip		
Country			<u> </u>		<u>I</u>
Phone		Email			
Optional					

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	1. IDENTITY DOCUMENTA	IION		
Please provide a legible, unexpired copy of a government-issued p 18 who do not possess a photograph-bea	hotograph bearing travel documer	nt from the list below. For	children under the age of	
Do not send the original document. Pleas DHS TRIP cannot waive. Please do not prodocuments.	e note that providing a copy of an i ovide copies of Social Security Card	dentity document is a pro ls, Tax Information, or Per	gram requirement that sonal Financial	
Check the box next to the document(s) you are s	submitting with this form			
Passport	Passport Number	Date of Issuance	Date of Expiration	
	Country of Issuance			
Passport Card	Passport Card Number	Date of Issuance	Date of Expiration	
	Country of Issuance			
☐ Driver's License	License No	State of Issuance	Date of Expiration	
☐ Birth Certificate	Registration No	Place of Issuan	ice	
Sufficient identity document for a minor ONLY				
Military Identification Card	Check One			
	Air Force Army	☐ Marines ☐ N	lavy 🔲 Coast Guard	
Government Identification Card	Check One			
	☐ Federal ☐ State ☐ Local			
	Government ID Number			
Certificate of Citizenship	Certificate Number	Date of Issuance		
	Place of Issuance			
Naturalization Certificate	Certificate Number	State of Issuance	Naturalization Date	
☐ Immigration/Non-immigrant Visa	Control Number		Date of Expiration	
	Place of Issuance			
Alien Registration	Alien Registration Number	Date of Issuance	Date of Expiration	
SENTRI	SENTRI Number	Date of Issuance	Date of Expiration	
☐ NEXUS	NEXUS Number	Date of Issuance	Date of Expiration	
	FAST Number	Date of Issuance	Date of Expiration	

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FAST

Global Entry Card	Global Entry Number		Date of Issuance	
☐ Border Crossing Card	Border Crossing Card Number	Date of Issuance	Date of Expiration	
ESTA Application	Application Number		Application Date	
SEVIS ID Number	SEVIS ID Number	Date of Issuance	Date of Expiration	
Additional Supplemental Documents	Document Name		Document Number	
8. ACKNOWLEDGEMENT (REQUIRED)				
The information I have provided on this application is true, complete, and correct to the best of my knowledge and is provided in good faith. I understand that knowingly and willfully making any materially false statement, or omission of a material fact, on this application can be punished by fine or imprisonment or both (see section 1001 of Title 18 United States Code).				
I understand the above information and am voluntarily submitting this information to the Department of Homeland Security				
Full Name				
Signature			Date	

Paperwork Reduction Act Statement

Through this information collection, DHS is gathering information about you to conduct redress procedures, as an individual who believes they have has been (1) denied or delayed boarding, (2) denied or delayed entry into or departure from the United States at a port of entry, or (3) identifies for additional screening at our Nation's transportation hubs, including airports, seaports, train stations and land borders. The public burden for this collection of information is estimated to be thirty minutes. This is voluntary collection of information. If you have any comments on this form, you may contact the Transportation Security Administration, Office of Transportation Security Redress, 6595 Springfield Center Drive, TSA-901 Springfield, Virginia 20598-6901. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0044 which expires on 01/31/2026.

Privacy Act Notice Authority

Title IV of the Intelligence Reform and Terrorism Prevention Act of 2004 authorizes DHS to take security measures to protect travel, and under Subtitle B, Section 4012(I) (G), the Act directs DHS to provide appeal and correction opportunities for travelers whose information may be incorrect. Principal Purposes: DHS will use this information in order to assist you with seeking redress in connection with travel. Routine Uses: DHS will use and disclose this information to appropriate governmental agencies to verify your identity, distinguish your identity from that of another individual, such as someone included on a watch list, and/or address your redress request, or for routine uses identified in DHS/ALL-005 Redress and Response Records System. Additionally, limited information may be shared with non-governmental entities, such as air carries, where necessary for the sole purpose of carrying out your redress request. Disclosure: Furnishing this information is voluntary; however, the Department of Homeland Security may not be able to process your redress inquiry without the information requested.

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