

1 652-0030

Complaint Form

Category: Civil Rights and/or Civil Liberties

COMPLAINT 1 OF 5

Complaint

Required field = *

Categories: *

Civil Rights and Liberties



Civil Rights and Liberties Detail

What is your complaint about? *

- Select -



Where did this happen? *

- Select -



Airline Name:

Flight Number:

Date: *

mm/dd/yyyy



In order for your complaint to be considered complete, you must file within 180 days of the alleged act of discrimination.

Approximate Time:

e.g. 1:15 PM

Enter time in 15-minute increments (e.g. 1:15 PM, 1:30 PM, 1:45 PM). Enter manually or use drop-down.

Please provide a description of the issue. *

COMPLAINT 2 OF 5

 Official website of the Department of Homeland Security



Transportation
Security
Administration

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[ABOUT](#)

[CONTACT](#)

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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

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:

COMPLAINT 3 OF 5

Please provide a description of the issue. *

Describe the alleged discriminatory action in sufficient detail to inform TSA of the nature of the alleged act of discrimination.

* Please do not use special characters like @, #, \$, %, &, -, ", ', {, (, [or > .

List any witnesses:

Name of TSA employee (if known):

Are you filing this form for yourself? *

- Select -



COMPLAINT 4 OF 5

Contact Information

First Name: *

Last Name: *

Street Address *

City *

State *

- Select -

Zip Code *

Phone:

Email: *

Confirm email *

Preferred Language to Respond

- None -

Preferred Time to be contacted

- None -

☐ 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.

Submit

COMPLAINT 5 OF 5

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

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information I have provided as needed to resolve this complaint.

Submit

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 8 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 Center Drive, Springfield, VA 20598-6011. ATTN: PRA 1652-0030.

PRIVACY ACT & PAPERWORK REDUCTION ACT STATEMENTS