# Civil Rights / Civil Liberties Complaint

The purpose of this form is to assist you in filing a civil rights/civil liberties complaint with the Transportation Security Administration's (TSA) Office of Civil Rights & Liberties, Ombudsman and Traveler Engagement (CRL/OTE), regarding TSA programs and activities. This form is not intended to be used for complaints about employment with TSA. You are not required to use this form to file a complaint; an email or letter with the same information is sufficient. However, if you file a complaint by email or letter, you should include the same information that is requested in the form.

### **CRL/OTE Mission:**

Our mission is to ensure that the civil rights and liberties of the traveling public are respected in TSA's programs and activities. We conduct inquiries into civil rights and civil liberties concerns to help TSA improve its service to the traveling public.

Do you have a TSA civil rights or civil liberties complaint? If you believe that TSA personnel or a TSA program or activity has violated your rights, we want to hear from you. Fill out this form, or write us an email or letter.

In connection with a TSA program, activity, or policy, have you experienced:

- Discrimination based on your race, ethnicity, national origin (including language proficiency), religion, gender, or disability? (Note: do not use this form to make a complaint about employment discrimination; see http://www.tsa.gov/what\_we\_do/civilrights/employees.shtm.)
- Denial of meaningful access to TSA or TSA-supported programs, activities, or services due to limited English proficiency?
- Physical abuse or any other type of abuse inflicted upon you?
- Any other civil rights or civil liberties violation related to a TSA program or activity?

### Notes on Confidentiality and Anonymity:

- **A)** You may remain anonymous by not filling in your name, below. However, CRL/OTE may not be able to conduct an inquiry into your complaint unless you provide enough information to conduct an investigation.
- B) Disclosure of the information you provide, including your identity, is on a "need-to-know" basis, and is discussed in the Privacy Statement at the end of this document. IF YOU CHECK THE BOX BELOW, WE WILL NOT DISCLOSE YOUR IDENTITY TO OTHER OFFICES, IN OR OUT OF DHS (unless it is necessary for investigation of criminal misconduct). Note, however, that this will in many situations make it very difficult or impossible, practically speaking, for us to investigate the allegations you raise.
  - ☐ I do NOT want CRL/OTE to disclose my name to other offices, and understand this decision will often make it impossible for an investigation to take place.

## **Complaint Information**

If you don't speak/write English, CRL/OTE has access to interpreters and can talk to you in any language.

	First and Middle		Last	
Phone #: Cell:	Hom	ne:	Work:	
Please note that we	e may contact you at the provide	ed numbers.		
Mailing Address:	PO Box or Street address			
			State	Zip
Email:		<u> </u>		
	ntact information:			
name and con	ntact information:			
name and con  Are you filing ir  provide your info	ntact information:n this complaint form on ormation.	behalf of another in	ndividual? If yes	
name and con  Are you filing ir provide your info	ntact information:n this complaint form on ormation.	behalf of another in	ndividual? If yes	
name and con  Are you filing ir provide your info  Name:  First  Organization (if ar	ntact information:n this complaint form on ormation.	behalf of another in	ndividual? If yes	, please  Job title
name and con  Are you filing ir provide your info  Name:  First  Organization (if ar	ntact information:n this complaint form on ormation.	behalf of another in	ndividual? If yes	, please  Job title
name and con  Are you filing ir provide your info  Name: First Organization (if an Phone #: Cell:	ntact information:n this complaint form on ormation.	behalf of another in	ndividual? If yes	, please  Job title

including the name of the air carrier, if this occurred at an airport.

ongoing, please indicate when the problem began (If it happened on more than one date, list all dates):	<u>-</u>	
Where did this happen? Place (name of the airport or other facility):		
City:	State or Country:	
Who treated you unfairly?		

Please provide a description of the individual(s) and/or the name and badge number of the individual(s) involved.

(If you do not kno	ow their names, provide wh	hatever details	you can)		
Names (or other	information, e.g., agency):				
Mailing Address:					
Ü	PO Box or Street address		City	State or Country	Zip
Phone No.:		Email:			
Names (or other	information, e.g., agency):				
Mailing Address:					
	PO Box or Street address		City	State or Country	Zip
Phone No.:		Email:			
		Continu	e on an additi	ional page, if needed	•

Have you contacted the TSA Customer Service Manager at the airport, or any other DHS component or other federal, state, or local government agency or court about this complaint?

☐ Yes

TSA Customer Service Manager/Agency/Office/Court\_\_\_\_\_\_ Date: \_\_\_\_\_

If so, has anyone responded to your complaint?

☐ Yes ☐ No

If Yes, describe what has been done to respond to your complaint:

⑤List anyone else who may have seen or heard what happened.

⑦ Is there any other information you want u	s to know about or consider?
	Continue on an additional page, if needed.

**8** If you are not proficient in English, please indicate the language in which you prefer we communicate with you.

\_\_\_\_\_

If you have problems understanding this form or any other question, please contact CRL/OTE:

E-mail: TSA-CRL@tsa.dhs.gov

**Fax**: 571-227-1921

#### By U.S. Postal Service:

Transportation Security Administration
Civil Rights & Liberties, Ombudsman and Traveler
Engagement (TSA-6)
Multicultural Branch
701 S. 12<sup>th</sup> Street
Arlington, VA 20598

Note: Because of security measures, it can take up to 4 weeks for us to receive U.S. mail.

**10** To submit this form by email, please save, attach, and send to <a href="mailto:resal.chs.gov">TSA-CRL@tsa.dhs.gov</a>. Please attach or send all information that supports your complaint, such as documents, photos, or witness statements.

Submit copies, not originals; put your name and the date of this complaint on each document. (Fax to: 571-227-1921 or email scans of your documents to <a href="mailto:TSA-CRL@tsa.dhs.gov">TSA-CRL@tsa.dhs.gov</a> or mail to the address listed above.)

### Keep a copy of this complaint for your records.

### **Privacy Act Statement**

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the TSA Office of Civil Rights and Liberties (CRL/OTE), External Compliance & Public Outreach Division is authorized (by delegation) to investigate complaints and information from the public about possible violations of civil rights or civil liberties related to TSA employees, programs, or activities. A federal law, called the Privacy Act, says we must explain how we protect your information while processing your complaint.

If your complaint is more appropriately handled by a different federal office, we will refer it to that office. In order to investigate your complaint, CRL/OTE will disclose the information regarding your complaint to other appropriate offices, including the airport or facility in question.

To learn more about the Privacy Act go to the Federal Information Center, www.pueblo.gsa.gov.

You may use the following pages to include additional information about your complaint if needed. Please specify which number(s) above you are continuing.

Continue on this page, if needed.

Continue on this page, if needed.