



**Homeland
Security**

May 3, 2011

Laura Murphy
Director, Washington Legislative Office
American Civil Liberties Union
915 15th Street, 6th Floor
Washington, D.C. 20005

Farhana Khera
President & Executive Director
Muslim Advocates
315 Montgomery Street, 8th Floor
San Francisco, California 94115

Hina Shamsi
Director, National Security Project
American Civil Liberties Union Foundation
125 Broad Street, 18th Floor
New York, New York 10004

Re: Complaint No. 11-05-CBP-0162 (Lawrence Ho)
Complaint No. 11-03-CBP-0163 (Aun Hasan Ali)
Complaint No. 11-03-CBP-0164 (Shareef Alshinnawi)
Complaint No. 11-03-CBP-0165 (Ali Uddin Malik)
Complaint No. 11-03-CBP-0166 (Hassan Shibly)

Dear Mses. Murphy, Khera and Shamsi:

The Office for Civil Rights and Civil Liberties received information you submitted to the DHS Office of the Inspector General (DHS OIG) on December 16, 2010, concerning the questioning by U.S. Customs and Border Protection (CBP) of U.S. citizens and legal residents who are Muslim, or appear to be Muslim, about their religious and political beliefs, associations, and religious practices and charitable activities protected by the First Amendment and Federal law.

Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, the Office for Civil Rights and Civil Liberties has the responsibility to review and assess complaints against Department of Homeland Security employees and officials concerning violations of civil rights, civil liberties, and profiling on the basis of race, ethnicity, or religion. CRCL has received a number of complaints like yours, alleging that U.S. Customs and Border Protection (CBP) officers have engaged in inappropriate questioning about religious affiliation and practices during border screening. We will add your complaints to the investigation we are opening on this subject. We are unable to discuss the specifics of this investigation without the express written consent of these complainants;

however, once we have their consent, we will provide you with more specific details concerning this investigation.

This Office takes allegations of violations of civil rights and civil liberties very seriously. The purpose of our review is to assess if your complaint implicates issues that should be addressed by Department of Homeland Security management. Under 6 U.S.C. § 345 and 42 U.S.C. § 2000ee-1, our complaint process does not provide individuals with legal or procedural rights or remedies. Accordingly, this Office is not able to obtain any legal remedies or damages on your behalf or that of the above complainants. Instead, we use complaints like yours to find and address problems in DHS policy and its implementation.

Please note that Federal law forbids retaliation or reprisal by any Federal employee against a person who makes a complaint or discloses information to this Office. 42 U.S.C. § 2000ee-1(e). If you believe that the above complainants or someone else is a victim of such a reprisal, please contact us immediately.

As we begin our review of this complaint, a representative from this Office may contact you for additional information. If you have any questions concerning this complaint, you may contact this Office by phone at 866-644-8360, 866-644-8361 (TTY), or by email at crcl@dhs.gov. When you communicate with us, please include the complaint number. In addition, it is very important to notify us of any changes in your address or telephone number.

The Department of Homeland Security's Traveler Redress Inquiry Program (DHS TRIP) is a program offering a single point of contact for individuals who have inquires or seek resolution regarding difficulties they experienced during their travel screenings at airports, train stations or border crossings. You may wish to encourage the complainants, if they have not already done so, to file a redress request with DHS TRIP online at www.dhs.gov/trip or to complete the enclosed Travel Inquiry Form and send to the following address:

DHS Traveler Redress Inquiry Program (TRIP)
601 South 12th Street, TSA-901
Arlington, Virginia 22202-4220

We thank you for your complaint; inquiries like yours help the Department of Homeland Security meet its obligation to protect civil rights and civil liberties. You can expect to receive a letter from us informing you how we have concluded this matter.

Sincerely,



Margo Schlanger
Officer for Civil Rights and Civil Liberties
U.S. Department of Homeland Security

Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security
Washington, DC 20528



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Security**

Encl.



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Traveler Inquiry Form

I. Your Travel Experience

Thank you for contacting the Department of Homeland Security Traveler Redress Inquiry Program (TRIP). Please check ALL scenarios that describe your travel experience:

- I am always subjected to additional screening when going through an airport security checkpoint
- I was denied boarding
- I am unable to print a boarding pass at the airport kiosk or at home
- I am directed to ticket counter every time I fly
- The airline ticket agent states that I am on a Federal Government Watch List
- I was detained during my travel experience
- A ticket agent took my identification and "called someone" before handing me a boarding pass
- I missed my flight while attempting to obtain a boarding pass
- I am repeatedly referred for secondary screening when clearing U.S. Customs and Border Protection
- I was denied entry into the United States
- I am a foreign student or exchange visitor who is unable to travel due to my status
- I was told by U.S. Customs and Border Protection at a U.S. port of entry that my fingerprints need to be corrected by US-VISIT
- I feel I have been discriminated against by a government agent based on race, disability, religion, gender, or ethnicity
- I feel my personal information has been misused
- I was given an IBIS Fact Sheet by a U.S. Customs and Border Protection officer
- Other travel related issue

II. Personal Information

Full Name:
First Middle Last

Date of Birth: Place of Birth:
mm/dd/yyyy City or Town/State or Province/Country

Sex: Male Female Height: Weight: Hair Color: Eye Color:

III. Contact Information

Mailing Address:
Street or PO Box Apt. No.

Physical Address (if different):
City or Town State or Province Zip or Postal Code Country

Home Telephone: Work Telephone:

E-mail Address:



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Traveler Inquiry Form

IV. Additional Information (if applicable)			
Date of Entry into U.S.: (mm/dd/yyyy)		Name of Airline or Ship:	
Port of Entry into U.S.:		Flight or Cruise Number:	
Departure Date from U.S.:		Other Names Used:	
U.S. Port of Departure:		Name at Entry into U.S.:	

V. Required Documentation and Information
 Please check the box next to the document(s) that you are submitting with this completed form and enter the requested information for each in the space provided.

Documentation		Information	
<input type="checkbox"/>	Passport	Registration No.:	
		Country of Issuance:	
<input type="checkbox"/>	Driver's License	License No.	
		State of Issuance:	
<input type="checkbox"/>	Birth Certificate	Registration No.	
		Place of Issuance:	
<input type="checkbox"/>	Voter Registration Card	Number:	
		Place of Issuance:	
<input type="checkbox"/>	Military Identification Card	Number:	
		Check one: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard	
<input type="checkbox"/>	Certificate of Release or Discharge from Active Duty (DD Form 214)	Discharge Date: (mm/dd/yyyy)	
		Check one: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard	
<input type="checkbox"/>	Government Identification Card	Number:	
		Check one: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local	
<input type="checkbox"/>	Certificate of Citizenship	Number:	
		Place of Issuance:	
<input type="checkbox"/>	Naturalization Certificate	Number:	
		State of Issuance	
		Date: (mm/dd/yyyy)	
<input type="checkbox"/>	Immigrant/Non-immigrant Visa	Number:	
<input type="checkbox"/>	Alien Registration	Number:	
		Date: (mm/dd/yyyy)	
<input type="checkbox"/>	Petition or Claim Receipt	Number:	
		Date: (mm/dd/yyyy)	
<input type="checkbox"/>	I-94 Admission	Number:	
		Date: (mm/dd/yyyy)	
<input type="checkbox"/>	FAST	Number:	
		Date: (mm/dd/yyyy)	
<input type="checkbox"/>	SENTRI	Number:	
		Date: (mm/dd/yyyy)	
<input type="checkbox"/>	NEXUS	Number:	
		Date: (mm/dd/yyyy)	
<input type="checkbox"/>	Border Crossing Card	Number:	
		Date: (mm/dd/yyyy)	
<input type="checkbox"/>	SEVIS	Number:	
		Date: (mm/dd/yyyy)	



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Traveler Inquiry Form

VI. Incident Details		
Please briefly describe your travel experience:		
VII. Acknowledgement		
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.		
Date:	Full Name:	Signature:
<input type="text"/>	<input type="text"/>	<input type="text"/>

PAPERWORK REDUCTION ACT STATEMENT: Through this information collection, DHS is gathering information about you to conduct redress procedures, as an individual who believes he or she has been (1) denied or delayed boarding, (2) denied or delayed entry into or departure from the United States as a port of entry, or (3) identified 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 five minutes. This is a voluntary collection of information. If you have any comments on this form, you may contact the Transportation Security Administration, Office of Transportation Security Redress, TSA-901, 601 S. 12th St., Arlington, VA 22202. 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 05/31/2007.

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(1)(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. Additionally, limited information may be shared with non-governmental entities, such as air carriers, 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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Traveler Inquiry Form

Please mail, fax, or e-mail your completed Traveler Inquiry Form and copies of identity documents to the Department of Homeland Security.

Mailing Instructions

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

DHS Traveler Redress Inquiry Program (TRIP)
601 South 12th Street, TSA-901
Arlington, VA 22202-4220

Faxing Instructions

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

(866) 672-8640 or (571) 227-1925

E-mailing Instructions

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

TRIP@dhs.gov



DHS Traveler Redress Inquiry Program (DHS TRIP)

Authorization to Release Information to Another Person

Authorization to Release Information to Another Person

Please complete this form to authorize DHS to disclose your personal information to another person.

My Information

You are asked to provide your information only to facilitate the identification and processing of your redress request. Without your information DHS may be unable to process your third party authorization request.

Name, Address, City, State, Zip Code, Country, Telephone

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a(b)), I authorize the U.S. Department of Homeland Security to release any and all information relating to my redress request to my representative.

My Representative's Information

Name, Address, City, State, Zip Code, Country, Telephone

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above. I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years, or both.

My Signature: _____ Date: _____

Privacy Act Statement
Authority: Title IV of the Intelligence Reform and Terrorism Prevention Act of 2004...
PAPERWORK REDUCTION ACT STATEMENT OF PUBLIC BURDEN: Through this information collection, DHS is gathering information about you to conduct redress procedures...