

## INTERFERENCE COMPLAINT FORM

### 1. Instructions

**Before submitting complaint, ensure that your system is operating in accordance with your license conditions.**

### 2. Complainant's details

Company/Organization name (\*):

License number if available:

Name of contact person:

Address (District and sector)::

P.O.Box :

Telephone (\*) :

E-mail (\*):

### 3. Affected system/service details

Frequency of affected site ::

Location/Coordinates of affected site :

#### Type of service:

- FM Radio  TV  Fixed Wireless  GSM/IMT  HF/VHF radio  Satellite

Others (Please specify):

Type of modulation:

#### Antenna/System information:

Polarization:

Antenna height:

Output Power:

Affected bandwidth:

### 4. Interference details

Date when interference started:

Interference duration:

What effect does the interference signal make on your equipment?  
(e.g. Voices, Buzz, tones, etc.)

Any additional information :

Date: