

LICENSEE/COMPLAINANT

Name:.....
Postal Address: Postal Code
Tel No: Email:
CAK License Number(s)

FREQUENCY

Discrete Frequency:..... Bandwidth:.....

Band From:..... To:.....

INTERFERENCE

Type of devices interfered with (Fixed, Mobile, Portable):.....
Specific location where interference is experienced:.....
Description of interference: (hissing, humming etc.).....
.....
.....
.....
.....
Suspected source of interference:.....

OCCURRENCE

Date/Time first noticed/experienced:
Degree and timing of occurrence (Regular, Sporadic etc.):

LICENSEE/COMPLAINANT: Name & Designation:

Signature Date

For Official Use Only**CASE No:****Receiving Officer:**

Name & Designation:..... Signature: Date:.....



Radio Interference Complaint Form

CA/F/FSM/16

Assigned To:

Name & Designation: