



## **National Telecommunications Regulatory Commission (Grenada)**

P.O. Box 854, St. George's, Grenada

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### **RADIO FREQUENCY INTERFERENCE COMPLAINT FORM FOR FREQUENCY AUTHORIZATION HOLDER**

#### **Notes:**

1. Pursuant to section 11 subsection 1(L) of the Telecommunication Act 31 of 2000 one of the functions of the Commission is to investigate and resolve complaints related to harmful interference.
2. If experiencing radio interference, Frequency Authorization Holder should firstly check that the equipment being used is not faulty and that the interference is external to your radio equipment system.
3. If you are confident that the interference caused is external to your radio system, Please complete this form and submit it to the National Telecommunications Regulatory Commission for investigation.

Completed form should be submitted to:

**Coordinator  
National Telecommunications Regulatory Commission.  
P.O Box 854  
St. Georges  
Grenada**

**1. COMPLAINANT DATA:**

Name of Company / Frequency Authorization Holder: \_\_\_\_\_

Frequency Authorization Number: FA \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No. \_\_\_\_\_

**2. PARTICULARS REGARDING STATION EXPERIENCING THE INTERFERENCE:**

(a) Date and time of interference: .....  
.....

(b) Location(s) at which interference is experienced:.....

(c) Geographical Coordinates: Longitude: ..... ° ..... ' ..... " Latitude: ..... ° ..... ' ..... "

(d) Type of Service on which interference is being experienced

AM Radio  FM Radio  Land Mobile  Cellular Mobile  Television "free to air"

Wireless Fixed  Aeronautical  Maritime Mobile  Broadband wireless access (BWA) Service

Other .....

(e) Frequency affected by the interference:.....MHz / GHz:

(F) Frequency of interference signal if known or suspected:.....MHz / GHz:

**3. INFORMATION ON INTERFERENCE**

(a) Equipment Affected by interference:

Base Station     Relay Station     Mobile Station     Portable Station

Others .....

(b) Nature of Interference:

Voice     Music     Noise     Data Transmission

Other / Additional information .....

(c) Symptoms of Interference (If necessary you may attach further details of your interference complaint on a separate sheet of paper)

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_