

## INFORMATION AND COMMUNICATION TECHNOLOGIES AUTHORITY (ICTA)

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## **COMPLAINT FORM – RADIO FREQUENCY INTERFERENCE**

RESERVED FOR OFFICE USE
File Number:
DETAILS OF PLAINTIFF
NameService offered
Address:
Contact Person:Telephone:
FaxE-mail:
TECHNICAL INFORMATION
Frequency(ies) affected by interference:MHz / GHz
Licence Number:
Name and address of region where signal is jammed:
Geographical Coordinates : Longitude:Latitude:
COMPANY RESPONSIBLE FOR THE MAINTENANCE OF AFFECTED STATION
Company/Service: Address:
Name of responsible officer:

Date:
Signature of Plaintiff:
Signatory's Name:

Company Stamp

## **INFORMATION ON INTERFERENCE**

Equipment Affected by interference:         Base Station       Relay         Mobile station       Portable Station         Nature of Interference:
□ Voice □ Music □ Carrier □ Noise □ Data Transmission
Other / Additional information
When was the interference detected?
In which Region:
Is interference permanent?  Yes No
If No, when is it detected Monday Tuesday Wednesday
□ Thursday □ Friday □ Saturday
□ Sunday
Time:
Atmospheric conditions: Windy Rainy Dry weather warm weather
□ Humid weather
Suspected Interfering party (Name, Profession, Location)
Other information which you want to bring to our knowledge
Access to affected site: (Give information concerning the name, address and the phone number of the person keeping the keys if access is restricted)

N.B: Intervention of the Authority can only be requested if interference persists even if the receiver has been adjusted to normal exploitations conditions.

The information provided is reserved for the exclusive use of the Information and Communication Technologies Authority.