Case Reporting Requirements

All fields must be completed. Incomplete forms will be returned

NAME OF LICENSEE OR SERVICE	
ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	
NAME OF PERSON REPORTING INTERFERENCE	
ROLE OF PERSON REPORTING INTERFERENCE	

CASE DETAILS

LICENCE NUMBER OF AFFECTED SERVICE (if applicable)	
DATE OF FIRST OCCURRENCE OF INTERFERENCE	
REGULARITY OF INTERFERENCE (Is it constant or intermittent, at set times, days of the week, hours of the day etc.)	
FREQUENCY OF INTERFERING SIGNAL (MHz)	
MEASURED LEVEL (dBm)	
POLARISATION	
BANDWIDTH OF INTERFERCING SIGNAL (MHz)	
LOCATION OF APPARATUS EXPERIENCING INTERFERENCE - EIRCODE	
NUMBER OF BASE STATIONS EXPERIENCING INTERFERENCE (If multiple base stations are affected, please provide the co-ordinates of the worst affect base station)	
HAS THE INTERFERENCE RESULTED IN A COMPLETE LOSS OF SERVICE?	

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WHAT WORK HAS BEEN DONE BY YOU TO RULE OUT AN INTERNAL FAULT IN YOUR SYSTEM? **PLEASE ATTACH DOCUMENTARY EVIDENCE TO SUPPORT THIS**	
DO YOU SUSPECT THE SOURCE OF INTERFERENCE TO BE COMING FROM ANY SPECIFIC LOCATION OR SOURCE? **IF YES PLEASE DETAIL WHAT STEPS HAVE BEEN TAKEN TO COME TO THIS CONCLUSION AND PROVIDE DOCUMENTARY EVIDENCE. PHOTOGRAPH, RECORDING ETC**	
PLEASE PROVIDE A SCREENSHOT SHOWING THE INTERFERENCE HAPPENING **IF YOU CANNOT PLEASE STATE WHY.**	
NUMBER OF USERS AFFECTED (WHERE APPLICABLE)	
ANY OTHER RELEVANT INFORMATION	