

**Vice President's Office
Department of Information Communications Technology
Communications Division
P. O. Box 737
Caravelle House
Manglier Street
Victoria**



Republic of SEYCHELLES

INTERFERENCE COMPLAINT FORM

Please address all correspondences to the Principal Secretary.

Ensure all information is included to avoid delays in dealing with your interference complaint.

1.0 COMPLAINANT'S DETAILS

- Title (Mr, Mrs, Ms, Dr, etc):
- Surname:
- Given Names:
- Address:
- P.O. Box: Country:
- Call Sign (if applicable):

CONTACT DETAILS.

- Tel No (Work):, Home:, Mobile:
- Facsimile (Home):, (Work)
- E-mail:

LICENSE DETAILS (if applicable).

- Licensee Number:
- License Number:
- Expiry Date:

2.0 RESIDENTIAL COMPLAINTS (TELEVISION, CABLE TV, RADIO, ETC)

INSTRUCTIONS.

- **Before Seeking Advice and Assistance.**
 1. Check if you have a suitable external television antenna that is in good condition and connected to your television receiver. If not, have one fitted before seeking advice from the Communications Division.
- **Community Interference Problems.**
 2. If you believe the same interference problem is affecting neighbouring properties, ensure that you supply the details of three other household premises affected.
- **Where to send this form.**
 3. Please send your completed form to the Communications Division, Department of Information Communications Technology (DICT) P.O Box 737 3rd Floor, Caravelle House, Manglier Street, Victoria.

After your complaint is received, you will be contacted by phone to discuss the problem. If necessary, an investigation will be arranged. Please also note that the inclusion of a video or audiotape of the interference along with the submitted form will assist in identifying the interference.

3.0 WHAT EQUIPMENT IS BEING AFFECTED?

- *For Television Interference, complete sections 3.1 and 3.3.*
- *For Radio Interference, complete sections 3.2 and 3.3.*
- *For interference on Cable TV and Satellite Dish Television Receive Only (TVRO) refer to 3.4.*

3.1 For Television Interference Complete This Section And Section 3.3.

(Circle as appropriate)

1. Is an amplifier (Signal booster) fitted to your antenna system? **YES** or **NO**.
2. If you have more than one TV set, does the interference affect other TVs in your home? **YES** or **NO**.
3. Does the problem persist after disconnecting the DVD/VCR or any other equipment connected to your TV? **YES** or **NO**. (If **NO**, such equipment might be faulty, to confirm try connecting the antenna directly to the TV).

4. On which station (s) do you see the interference? (E.g. SBC, TV5 or Cable TV).
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5. When did the problem start? (Please give date, including time if possible).
 - Date :(dd-mm-yyyy)
 - Time: (A.M/P.M)
6. When does the interference occur most? (Please indicate the time of interference).
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7. Please describe the interference or if possible record on video tape and submit the same.
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3.2 For Radio Interference Complete This Section And Section 3.3.

1. Please indicate which band the interference occurs on: **AM** or **FM**.
2. On which station (s) do you hear the interference (e.g. SBC AM radio, Paradise FM etc).
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3. Please describe the interference or record on audio tape and submit the same.
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3.3 Neighbour's Details

I believe the interference is outside my control and is a community problem. To support this I have provided the names, addresses and phone numbers of neighbours who are also experiencing the same interference.

DETAILS.	NEIGHBOUR 1.	NEIGHBOUR 2.	NEIGHBOUR 3.
Name:			
Phone No:			
Address:			

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3.4 Cable TV And Satellite Dish TVRO Interference

1. Is the interference present on **Cable TV** or **TVRO**?
2. Is the interference present when watching other Station (s) (e.g. TV5) **YES** or **NO**
3. Is your neighbour experiencing the same problem, **YES** or **NO**.
 - If **YES**, contact the responsible company to provide service assistance.
 - If **NO**, please seek the assistance of qualified service personnel to check your equipment (s) and if possible to check your installation.

4.0 BUSINESS COMPLAINTS (BROADCASTING, WIRELESS ACCESS, ETC)

INTERFERENCE DETAILS

Interference description (Attach extra pages if necessary)
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Affected Devices.
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Purpose of the service.
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Is the interference at the transmitting or receiving end?

Location.....

Provide details of the severity of the interference.....
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.....

What remedial actions or checks have been done?.....
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Has any work on the affected equipment been done recently? Describe

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When was the transmitter/receiver put in service?

Additional comments that will help in locating the source of interference.....

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Please provide relevant log details of the interference.