



Interference Complaint Form

Please complete all appropriate fields and send the filled form to:
Rwanda Utilities Regulatory Authority
KN 6 Av. 11
P.O.Box 7289 Kigali
Tel.: +250 252 584562
Fax: +250 252 584563
Email: dgoffice@rura.rw

1. Instructions

- Before submitting complaint, ensure that your system is operating in accordance with the license conditions.
- Complete all appropriate fields and send the filled form to the address mentioned in the header of this form.

2. Complainant's details

Company/Organization name:
License number:
Name of contact person:
Address (District and sector):
P.O.Box :
Telephone :
E-mail :

3. Affected system/service details

Frequency of affected site :
Location/Coordinates of affected site :
Type of service: <input type="checkbox"/> FM Radio <input type="checkbox"/> TV <input type="checkbox"/> Fixed Wireless <input type="checkbox"/> GSM/IMT <input type="checkbox"/> HF/VHF radio <input type="checkbox"/> Satellite <input type="checkbox"/> Others (Please specify) _____
Type of modulation:
Antenna/System information: Polarization: Antenna height: Output Power:
Affected bandwidth:

4. Interference details

Date when interference started:
Interference duration:
What effect does the interference signal make on your equipment? (e.g. Voices, Buzz, tones, etc.)
Any additional information :

Date : _____

Signature : _____