

# Radio Broadcast Complaint Form

Date Received: _____
Complaint Num.: RAB _____

**1. Please insert your details:**

Full Name: \_\_\_\_\_

Station Name: \_\_\_\_\_

**2. Date that the problem was first noticed: \_\_\_\_\_**

**3. Description and location of problem (as detailed as possible):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Please give any known details of the radio station against whom this complaint is being brought:**

Station Name: \_\_\_\_\_

Country: \_\_\_\_\_

Transmit Frequency: \_\_\_\_\_

Antenna Location: \_\_\_\_\_

**5. Please include any other relevant information (such as recent changes in your equipment, observations, comments etc):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature