

# NESMC Interference Report Form

Please fill out as completely and accurately as possible.

Mail this form to your NESMC Section Director or the Chairman of the NESMC Interference Committee.

<b>Your Name &amp; Callsign</b>		
<b>Station Receiving Interference</b>		
<b>Callsign</b>	<b>Frequency</b>	<b>Location</b>
<b>Interfering Station(s), if known</b>		
<b>Callsign</b>	<b>Frequency</b>	<b>Location</b>
<b>Check the rate of occurrence rate most appropriate:</b>		<b>Circle the level of interference (when it is happening) that is most appropriate:</b>
<input type="checkbox"/> Occasional <input type="checkbox"/> Moderate <input type="checkbox"/> Constant		<input type="checkbox"/> Minor Nuisance <input type="checkbox"/> System is barely usable <input type="checkbox"/> Quite Noticeable <input type="checkbox"/> System is unusable
<b>Describe the nature and type of the interference:</b>		
<b>Names and Callsigns of others who can verify the conditions described above:</b>		
<b>Have you discussed this problem with the other station's operator/trustee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Which of the following have been tried to correct the problem (check all that apply):</b>		
<b>Interfered Station</b>	<b>Interfering Station</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Tone squelch on repeater input
<input type="checkbox"/>	<input type="checkbox"/>	Tone squelch on repeater output
<input type="checkbox"/>	<input type="checkbox"/>	Lower transmitter output power
<input type="checkbox"/>	<input type="checkbox"/>	Change in antenna pattern characteristics
<b>Describe in detail any other steps you have taken, or if none taken why not. Use a separate piece of paper if you need more room.</b>		

Signed

Date

Please attach all relevant documentation including measurements, recordings, and correspondence.