

PUBLIC SAFETY INTERFERENCE (PSIX) COMPLAINT SUBMISSION NARRATIVE and SCREENSHOTS

Submitting a PSIX Complaint

For users who are submitting complaints on behalf of a public safety entity, first responder, police, fire, law enforcement or a federal agency for radio interference to a telecommunications service used by public safety entities, first responders, police, fire, law enforcement or a federal agency they will go through the Public Safety Interference intake portal located here:

PRODUCTION: https://fccprod.service-now.com/psix-esix?id=psix_form

OMB Control No. 3060-1230

Estimated time per response: 0.5 hours (30 minutes)

OMB Edition Date [April 2020]

Form Section 1 – Public Safety

The first step in submitting the Public Safety Interference form will be to verify you are submitting a complaint involving radio interference to a telecommunications service used by public safety entities, first responders, police, fire, law enforcement or a federal agency. Users will click “Yes” or “No”, then press the “Next” button. If a user chooses “No”, they will be redirected to a separate resource page for Radio Frequency Service Complaints Other Than Public Safety Interference.

Public Safety

Indicate if this complaint for public safety entities

* Does the complaint involve radio interference to a telecommunication service used by entities providing emergency services (e.g., law enforcement, fire departments, and other first responders) or safety-of-life services (e.g., Coast Guard, FAA, airport authorities, aircraft pilots, and operators of maritime vessels)?

☐ Yes ☐ No

[< Back](#) [Next >](#)

Form Section 2 – Verification

The next step in the form will be to verify that the user is submitting this complaint on behalf of a public safety entity, first responder, police, fire, law enforcement or a federal agency. Users will not be able to move forward to the next section of the form until the checkbox is checked and the user presses the “Next” button.

Verification

Verification ensuring complaint is for public safety entities

* By checking the box below, I verify that I am submitting this complaint on behalf of an entity providing emergency services (e.g., law enforcement, fire departments, and other first responders) or safety-of-life services (e.g., Coast Guard, FAA, airport authorities, aircraft pilots, and operators of maritime vessels).

☐ Verify

[< Back](#) [Next >](#)

Form Section 3 – Complainant Information

In this form section, users will enter the contact and address information for the person who is filling out the form or who they are filling it out on behalf of. Fields marked with a red asterisk (*****) are mandatory and a user may not navigate to the next form section until these fields are entered. The zip code field is a five-digit numeric zip code and the phone number field is a ten-digit phone number field in the format 000-000-0000. The email field shall be entered in the format “xxx@xxx.xxx” to be valid.

Complainant Information		
Please provide your address and contact information		
* First Name	* Last Name	
<input type="text"/>	<input type="text"/>	
Company/Entity		
<input type="text"/>		
* Address 1		
<input type="text"/>		
Address 2		
<input type="text"/>		
* City	* State	* Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Primary phone	Ext.	
<input type="text"/>	<input type="text"/>	
Secondary phone	Ext.	
<input type="text"/>	<input type="text"/>	
* Email	Fax	
<input type="text"/>	<input type="text"/>	
← Back		Next →

Form Section 4 – Interference Information

The next section is the interference information form section. Here, the user will enter information regarding the service which is experiencing interference and what is causing this. In addition, there are optional fields for Call Sign and Frequency Range. If the user does not see their service which is experiencing the interference under the provided choice list, there is a link which reads “Service not listed? Click here.” Clicking this link will redirect the users to a separate resource page for Radio Frequency Service Complaints Other Than Public Safety Interference.

Service Experiencing Interference – The type of radio service that is receiving the interference.

Interference Type – The service type that is suspected to be causing the interference.

Interference Information

Please provide information regarding the interference

* Service experiencing interference ?

FirstNet Service ▼

[Service not listed? Click here.](#)

Call sign

Frequency range

24.25-25.25 GHz ▼

* Interference type ?

PCS ▼

← Back

Next →

Form Section 5 – Interference Location

The next section is to identify the geographic location of the site that is experiencing the interference. Here, the user will have the option to enter address information, latitude and longitude information, or both. If the interference location is the same as the complainant's location, the user should check the box for "Interference Location is the Same Address as Provided in the Complainant Information Section." If the user wishes to enter latitude and longitude information, they should check the box for "Enter latitude and longitude information instead of, or in addition to, address information." In addition, there is also an option to convert decimal coordinates to DMS via the integrated conversion tool. To access this menu, press the link that reads "click here to use a conversion tool" located above the latitude and longitude fields.

Interference Location

Please provide the geographic location of the site that is experiencing the interference

☐ Interference Location is the Same Address as Provided in the Complainant Information Section

Address 1

Address 2

City State Zip

☒ Enter latitude and longitude information instead of, or in addition to, address information

If you have decimal coordinates [click here to use a conversion tool](#)

* Latitude

Degrees

Minutes

Seconds

* Longitude

Degrees

Minutes

Seconds

This screen converts geographic coordinates from decimal notation to degrees, minutes, seconds (DMS) notation. Please enter decimal values:

Latitude

e.g. 121.135450

Longitude

e.g. -95.654321

Form Section 6 – Identity of Alleged Violator

The next section is to identify the geographic location and any contact information for the suspect source producing the interference. Here, the user will have the option to enter address information, latitude and longitude information, or both. If the source of the interference is unknown, the user should check the box for “Unknown source of interference”. If the user wishes to enter latitude and longitude information, they should check the box for “Enter latitude and longitude information instead of, or in addition to, address information.” In addition, there is also an option to convert decimal coordinates to DMS via the integrated conversion tool. To access this menu, press the link that reads “click here to use a conversion tool” located above the latitude and longitude fields.

Identity of Alleged Violator

If known, please provide the name and any contact information of the suspect source producing the interference

☐ Unknown source of interference

Entity

Call Sign

First Name

Last Name

Address 1

Address 2

City

State

Zip

☒ Enter latitude and longitude information instead of, or in addition to, address information

If you have decimal coordinates [click here to use a conversion tool](#)

* Latitude

Degrees

Minutes

Seconds

* Longitude

Degrees

Minutes

Seconds

← Back

Next →

This screen converts geographic coordinates from decimal notation to degrees, minutes, seconds (DMS) notation. Please enter decimal values:

Latitude

e.g. 121.135450

Longitude

e.g. -95.654321

Convert to DMS

Close

Form Section 7 – Interference Source Location

This section is to identify, if known, the location of the suspected source appearing to be the origin of the interference. The first question that appears on this form is asking if the user knows the location of the suspected source appearing to be the origin of the interference.

Interference Source Location

If known, please provide the geographic location of the suspected source appearing to be the origin of the interference

* Do you know the location of the suspected source appearing to be the origin of the interference?

☐ Yes

☐ No

← Back

Next →

Selecting “No” will enable to user to move forward to the next section of the form. Selecting “Yes” will prompt the user another question about whether the location of the interference source is different from the location where the interference is experienced.

Interference Source Location

If known, please provide the geographic location of the suspected source appearing to be the origin of the interference

* Do you know the location of the suspected source appearing to be the origin of the interference?

☒ Yes

☐ No

* Is the location of the interference source different from the location where the interference is experienced?

☐ Yes

☐ No

← Back

Next →

Selecting “No” will enable to user to move forward to the next section of the form. Selecting “Yes” will prompt the user for address and/or latitude longitude information.

Interference Source Location

If known, please provide the geographic location of the suspected source appearing to be the origin of the interference

* Do you know the location of the suspected source appearing to be the origin of the interference?

☒ Yes

☐ No

* Is the location of the interference source different from the location where the interference is experienced?

☒ Yes

☐ No

* Address 1

Address 2

* City

* State

* Zip

☐ Enter latitude and longitude information instead of, or in addition to, address information

← Back

Next →

Form Section 8 – Interference Description

This form section is meant to capture information regarding the nature of the interference itself to assist the FCC team in determining the course of action required.

Interference Description

Please respond to the following questions to provide additional details about the nature of the interference

* Interference description

* Severity of Interference

* Number of Users Affected

* Incidence Rate

* Duration of the Average Interference Incident

* Duration of Interference Problem

← Back

Next →

Form Section 9 – Additional Information

This form section is to capture additional information. If remedial action has been taken, the system will prompt the user to describe such actions. If the complainant alleges this matter to be one which is a threat to life and safety needing expedited response, than they may choose to flag it as such here.

Additional Information

Please provide a description of remedial actions taken to address the interference, if any

* Has any remedial action taken place to address the interference?

☒ Yes

☐ No

* Specify remedial action

* Is this interference a threat to life and safety needing expedited response?

☒ Yes

☐ No

← Back

Next →

Form Section 10 – Review and Submit

After completing all form sections, users will be taken to the Review and Submit section. In this section, users may review the information entered and make edits as necessary. Once the complainant reviews all the information, they will click the submit button and be able to file the complaint.

Review and Submit

Please review if the information entered is correct

▶ Complainant Information

▼ Interference Information

Service Experiencing Interference: Coast Guard Service
Frequency Range:

ix Information Call Sign:

Interference Type: Public Mobile Services - Cellular and other

Edit

▶ Interference Location

▶ Identity of Alleged Violator

▶ Interference Source Location

▶ Interference Description

▶ Additional Information

← Back

Submit ✓

We have estimated that your response to this collection of information will take 0.5 hours or 30 minutes. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERF, Washington, DC 20554, Paperwork Reduction Act Project (3060-1230). We will also accept your PRA comments via the Internet if you send an e-mail to PRA@fcc.gov.

Please DO NOT SEND COMPLETED [SURVEYS, APPLICATION FORMS, ETC] TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1230.

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