

**ENTERPRISE SERVICE
INTERFERENCE (ESIX) COMPLAINT
SUBMISSION NARRATIVE and
SCREENSHOTS**

Submitting an ESIX Complaint

To submit radio interference complaints on behalf of a commercial or federal entity, they will go through the Enterprise Interference Intake portal here:

Production: https://fccprod.service-now.com/psix-esix?id=esix_form

OMB Control No. 3060-1230

Estimated time per response: 0.5 hours (30 minutes)
OMB Edition Date [April 2020]

Form Section 1 – Entity Information

The first step in submitting the Enterprise Interference form will be to identify your entity name and FRN, if applicable. When entering an FRN, please keep in mind that a valid FRN is identified as a 10-digit FRN that has at least one license designated for commercial use. Once an FRN is inputted, the user will press the “click to verify” button to verify. If you are filing on behalf of a Federal entity that does not require a FRN to provide service, then you may check the appropriate checkbox shown below.

Entity Information

A FRN is needed to verify required details about the enterprise service, which can include services licensed by state or municipal entities

* Entity Name

* Entity FRN [FRN Lookup Tool](#)
 click to verify

Please check this box if filing on behalf of a Federal entity that does not require a FRN to provide service

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Checking that box for Federal will prompt the user to enter the Government Entity which they are with.

Entity Information

A FRN is needed to verify required details about the enterprise service, which can include services licensed by state or municipal entities

* U.S. Government Entity

Please check this box if filing on behalf of a Federal entity that does not require a FRN to provide service

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Form Section 2 – 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

Company/Entity

* Address 1

Address 2

* City

* State

* Zip

* Primary phone

Ext.

Secondary phone

Ext.

* Email

Fax

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Form Section 3 – 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.

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 ?

Call sign Frequency range

* Interference type ?

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Form Section 4 – 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

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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 5 – 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

* Longitude

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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 6 – 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

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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

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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

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Form Section 7 – 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

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Form Section 8 – 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.

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

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Form Section 9 – 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, click the checkbox presented, and you will then be able to submit 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: Edit

Ix Information Call Sign:
Interference Type: Public Mobile Services - Cellular and other

► 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-PERM, 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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