

LPON provision of service complaint form



Instructions for completion

- Print clearly. Illegible, unclear or incomplete application forms may delay processing.
- This form must be used by any person that wishes to lodge a complaint about a low power open narrowcasting (LPON) licensee whom they consider is not providing an LPON service as required under the conditions of the licence. On receipt of a complaint, the ACMA will give the licensee the right of reply and investigate the complaint further where warranted.
- This application must be accompanied by a statutory declaration as to the truth of the contents of the form and any statements made in it.

Please note:

- While the ACMA will not disclose personal details of the complainant at the request of the licensee or other interested persons, it should be noted that the ACMA may be required to disclose these details if a request is made for the information under the *Freedom of Information Act 1982* and in accordance with the procedures of that Act, or for the purpose of court proceedings.

Where to send this form

Completed forms should be forwarded to any ACMA office.

Complainant's details

Name

SURNAME
GIVEN NAMES

Postal address

POSTCODE

Organisation name (if applicable)

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Telephone numbers

HOME ()
WORK ()
MOBILE

Residential or business address

POSTCODE

Details of the licensee about whom the complaint is being made

Name

SURNAME
GIVEN NAMES

Client number (if known)

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Organisation name (if applicable)

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Licence number (if known)

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Postal address

POSTCODE

Call sign (if applicable)

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Assigned frequency

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Date of effect (if known)

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Station location (site)

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Basis for complaint

Is there a transmitter established at the site?

() Yes () No

Is there evidence of an antenna or construction at the site that may contain a transmitter?

() Yes () No

Is there evidence of a power supply connection or power use at the site?

() Yes () No

Have you monitored the frequency over a period of time for evidence of any broadcasts? If yes, please give details. (For example dates, times, type of broadcaster heard.)

() Yes () No

Have there been any broadcasts evident in the last six months? If yes, please give details.

Note: Some LOPNS may only be used once or twice a year for a special event. It is possible that this may be the case with this particular LPON.

() Yes () No

Other reasons for believing the licensee is not providing a service (please provide any other supporting evidence below and attach an additional page if required).

Please provide a brief overview of your interest in this matter.

Complainant's Signature

Please ensure that this form is accompanied by a completed and signed statutory declaration.

SIGNATURE	DATE
PRINT NAME	