|  |
| --- |
| **Operator Misuse Notification Form****Please complete the form fully and return to ComReg no later than 3 working days after receipt****Failure to complete the form or return it in a timely manner may mean that ComReg may decide not to take action in relation to your case. Additionally ComReg may use its formal powers to request information if considered necessary** **(Please overtype explanation in italics)** |
| **End User Name** | *Name of Company or consumer* |
| **End User Contact Name** | *Please provide an End User contact name.*  |
| **End User Contact Phone Number** |  |
| **End User Contact e-mail** |  |
| **End User Contact Address** |  |
| **Name of operator (1) providing service** | *Operator Name* |
| **Operator Contact Name** |  |
| **Operator Contact e-mail** |  |
| **Operator Contact Address** |  |
| **Operator Contact Phone No** |  |
| **Account Number** | *Customer account no* |
| **Typical size of equivalent monthly bill** | *Please provide an estimate of the End User’s average monthly bill* |
| **Garda Reference Number** | *Incidents of misuse must be notified by the End User to the Gardai at any local Garda station. Please provide the PULSE number or reference from local Garda station and name of Garda taking the complaint.* |
| **Description of the incident** | *Description of the incident including:** *Date and Time of incident start and end;*
* *Destination of calls;*
* *Circumstances causing the incident;*
* *How the incident was identified;*
* *Detail any remedial action put in place;*
* *Detail whether the problem is ongoing or has stopped;*
* *PBX type when calls were routed through a PBX;*
* *Location of the PBX.*
* *Who owns of the PBX*
* *Who is responsible for the PBX security/maintenance*
* *Confirmation that the relevant number was allocated to the End-User;*
* *Verification that an internal review has been conducted i.e. that the alleged fraud or misuse was carried without the consent of the person to whom the number was allocated;*
* *Contact details for other significant people, such as PBX maintainers*
 |
| **Call Detail Record (CDR) to be provided by retail operator** | *If available on excel spread sheet or similar please provide in this format. (Operators must attach the relevant CDRs).* 1. *A-Number*
2. *B-Number*
3. *Date/Time of call (dd/mm/yy hh:mm:ss)*
4. *Duration of call (hh:mm:ss)*
5. *Interconnect carrier*
6. *Retail Cost of call*
7. *Wholesale Cost of call*

*Only calls relevant to the incident should be included.*  |
| **Name of Interconnect Carrier(s)****Were the calls handed over to the interconnect operator(s) in the republic of Ireland?** | *Yes/No* |
| **If the calls were handed over outside the Republic of Ireland, where were they handed over?** | *Name of country* |
| **Estimated Retail value of Calls to be provided by retail operator** | *Please provide an estimated Retail value of the calls from the incident.* |
| **Estimated wholesale value of Calls to be provided by retail operator** | *Please provide an estimated wholesale value of the calls from the incident.* |
| **Billing Operator** | *Please provide the name of the operator responsible for billing the End User.* |
| **Interconnect Payment Date to be provided by retail operator** | *Please provide the date for payment(s) to interconnection operator(s)* |
| **End-User Bill Date to be provided by retail operator** | *Please indicate the date on which the end user is due to receive a bill for the calls resulting from the incident and the payment due date.*  |
| **If ComReg intervenes and stops wholesale payments will operator waive all charges to the customer for the relevant calls?** | *Yes/No* |
| **If ComReg does not intervene will operator charge the customer wholesale rates only for the relevant calls?** | *Yes/No* |