LIGHTGUIDE

Complaint submission

Complaint No
(assigned by LGO)

1. Details of compliant:

Name/Organization:	
(Name, e-mail, other contact information):	
Date of the complaint submission:	
Customer's complaint reference:	Please indicate your internal reference (optional)

2. Details of product(s) (several LOTs can be listed if all have the same failure mode,please use a separate page for a different failure mode):

LOT number(s) and affected quantity:	
Other*:	

**If LOT number is not known please fill as many information as possible - Product code(s)/article, Delivery note number, Serial number, Invoice number, Purchase Order(s)/Confirmation order etc. This will help us to identifythe product. If LOT number is known field marked with (*) may be left blank.*

3. Remedy requested (check one or multiple boxes):

☐ Refund (credit note) ☐ Rework ☐ Production record's review
☐ Replace ☐ Specification change ☐ None
☐ Other

4. Description of the complaint (check one or multiple boxes):

☐ Broken fiber ☐ Carbonization of the fiber ☐ Low transmission
☐ Broken quartz glass cap ☐ Quality of jacket ☐ Quality of assembly
☐ Damaged distal end ☐ Contamination ☐ Sterile packaging
☐ Polishing defect ☐ Labeling/ marking ☐ Design error
☐ Error in documentation ☐ Other

5. Nonconformity discovered during:

☐ incoming inspection ☐ installation ☐ sub-assembly

6. Detailed description:

Please include as much information as possible, e.g. was the problem identified during incoming inspection or during use, what were the operational parameters when the problem occured etc.

7. Is it possible to return the defective product(s)**:

☐ Yes ☐ No

***If yes, please wait for LGO representative to provide a Return Material Authorization (RMA) number before returning the defective product(s). Please use the RMA number as a reference when returning the defective product(s) to LGO premises for investigation/rework.*

8. Has the product been used in a medical procedure:

☐ Yes ☐ No

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www.lightguide.com

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9. Has the product been decontaminated*:**

☐ Yes ☐ No ☐ Unknown ☐ Not applicable

****Please make sure the product, which has been used in a medical procedure, has been decontaminated before it is being returned to LGO premises. Make sure to warn LGO representative if potentially contaminated product is to be returned to LGO premises by filling additional form provided to you together with RMA number. If necessary contact LGO representative for recommended decontamination procedures.*

10. Enclosures:

☐ Correspondence ☐ Photo/ Video ☐ Specification
☐ Rejection report ☐ List or returned products ☐ None
☐ Other

11. Other comments:

Thank you for taking the time to fill out this form.

It will help us to perform a throughout investigation and analysis of your complaint in timely manner. Your opinion is very important to us, as we manufacture our products with a high sense of responsibility and care. Your feedback helps us to achieve a higher bar of quality by improving functionality and safety of our products. Please return the filled form through your LGO contact person or to regulatory@lgoptics.eu. LGO representative will get in contact with you to agree on further action.

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