

Complaint No  
(assigned by LGO)

**1. Details of complaint:**

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

**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 identify the product. If LOT number is known field marked with (\*) may be left blank.*

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

<input type="checkbox"/> Refund (credit note)	<input type="checkbox"/> Rework	<input type="checkbox"/> Production record's review
<input type="checkbox"/> Replace	<input type="checkbox"/> Specification change	<input type="checkbox"/> None
<input type="checkbox"/> Other		

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

<input type="checkbox"/> Broken fiber	<input type="checkbox"/> Carbonization of the fiber	<input type="checkbox"/> Low transmission
<input type="checkbox"/> Broken quartz glass cap	<input type="checkbox"/> Quality of jacket	<input type="checkbox"/> Quality of assembly
<input type="checkbox"/> Damaged distal end	<input type="checkbox"/> Contamination	<input type="checkbox"/> Sterile packaging
<input type="checkbox"/> Polishing defect	<input type="checkbox"/> Labeling/ marking	<input type="checkbox"/> Design error
<input type="checkbox"/> Error in documentation	<input type="checkbox"/> Other	

**5. Nonconformity discovered during:**

incoming inspection   
  installation   
  sub-assembly   
  use

**6. Detailed description:**

**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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**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@lightguide.com](mailto:regulatory@lightguide.com). LGO representative will get in contact with you to agree on further action.