

**Field Complaint Form/Return Instructions:**

*Please attach a copy of invoice/proof of purchase, to this form.*

**For 1-3 parts**, send proof of purchase, this form and parts to: Radionic- RGA, 6625 W. Diversey Ave, Chicago, IL 60707.

**For 4 or more parts**: complete this form along with proof of purchase and fax to: 773-804-0180 or: Sales@radionic.net

**AN RGA# must be attached for returns of 4 or more parts.**

*A customer service representative will contact you after our Engineering team completes its diagnostic process.*

Company/ Customer Name: \_\_\_\_\_ Attn: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Catalog Number: \_\_\_\_\_ Quantity Possibly Defective: \_\_\_\_\_

Complaint/Reason for Return: \_\_\_\_\_

**Ballast:** If possible, please list or include a link or catalog sheet with picture of fixture and lamps used in combination with ballasts. If this form concerns 1-3 ballasts, please return the ballasts (attn: RGA Department address above) from the alleged defective lot together with this form and proof of purchase for complete evaluation. If you are concerned about 4 or more ballasts, please complete this form and fax to: 773-804-0180. An RGA# must be assigned for returns of 4 or more parts.

**Complete Fixture:** For complete evaluation, please return 2-3 fixtures and lamps from the alleged defective lot.

**Lamps Used: (Please specify exact Brand and Part number)**

<i>Brand</i>	<i>Exact Part Number (please list)</i>	<i>#Lamps used per Fixture/Ballast</i>
GE		
Radionic		
Osram/Sylvania		
Philips		
Philips Alto		
Westinghouse		
SLI		
Other(Specify		

**Location of part(s) used (circle all that apply):**

Residential    Garage    Office    Commercial/Store/Retail    Factory

Other (specify): \_\_\_\_\_

**Fixture type used (circle all that apply):**

Recessed    Wrap (ceiling mounted)    Wall Washer    Wall Sconce    Downlight    Shoplight

Other (specify): \_\_\_\_\_

# Ballasts per fixture: \_\_\_\_\_

**Line Voltage to Fixture/ballast (circle all that apply):**

120V    277V    240V    220V    Other (specify): \_\_\_\_\_

Average Starts per day: \_\_\_\_\_

Ambient Temperature: \_\_\_\_\_ °F

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contacts Names: On Premises: \_\_\_\_\_

Installing Contractor: \_\_\_\_\_

Electrician: \_\_\_\_\_

Thank you for completing this form.

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**For Internal Use Only:**

RGA# \_\_\_\_\_

Tested By: \_\_\_\_\_

Date Tested: \_\_\_\_\_