



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: _____