(Assigned by FOS INON OPTIC) RMA-Code: XX-XX-XX

**Complaint Submission**

**Thank you for your time!**

You help us to perform everyday better to improve our products in functionality and safety. With this fulfilled document you set us have a reasoned investigation and analysis in a tight timeframe. Your opinion is primary, as we manufacture our products with a high sense of responsibility to you and environment. Please return this document to your responsible contact person, or send it back to complaint.int@fosoptics.de

1. **Company Details**

**Organization: enter here your company name**

**Contact E - mail: enter your E-Mail, phone number (optional)**

**Your Reference: enter your reference ID**

**Date of Submission: please fill in date of today**

1. **Remedy request**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please check one** | **Please check one** | **Please check one** | **Please check one** |

1. **Details to product/s**

**Serial Number: please enter FOS LOT number**

**Product Name: Drawing number/ Description of the product**

**Delivery Note: enter FOS delivery note**

**Invoice Number: enter FOS Invoice number**

**Your PO Number:** **enter your PO No.**

1. **Description of complaint**

Please enter your complaint discription.

|  |  |  |  |
| --- | --- | --- | --- |
| **Please check one** | **Please check one** | **Please check one** | **Please check one** |

**Is a return of the product possible?** [ ] [ ]