



CUSTOMER CONCERN SURVEY:

Name: _____ **Vehicle Model:** _____

Complete the following survey to help your technician understand the symptoms, and the conditions under which they occur. Return the completed survey to the service advisor.

DESCRIBE THE CONCERN: _____

CONDITIONS:

Your technician can only repair your vehicle if they can reproduce the concern. Answer the appropriate conditions below to help the technician know how to do that:

Rate of Occurrence: Once - Rarely - Often - Always

Time of Day: AM - Midday - PM - Random - Always

Engine Temperature: Startup - Cold - Warm - Normal (Hot) - Random

Outside Temperature: Cold - Warm - Hot - Random

Driving Conditions: Parked - Steady - Accel. - Decel. - MPH _____

Gas Pedal: Released - Light - Medium - Fully Depressed - Random

Gear: _____

Occurs After: Idling - Driving - Being Off, for _____ Hours - Minutes

Road Conditions: Dry - Wet - Smooth - Rough - Up - Down - Random

Fuel: Fuel Level: _____ Octane: _____ After Refueling: Y/N
