



Your Return on Investment Starts Tomorrow.

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