



## 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