



## CUSTOMER CONCERN SURVEY:

**NAME:** \_\_\_\_\_ **VEHICLE MODEL:** \_\_\_\_\_

Complete the following survey to help our technician understand the symptoms, and the conditions under which they occur. Return the completed survey to our Service Advisor.

**DESCRIBE THE CONCERN:** \_\_\_\_\_

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### CONDITIONS:

**Our Technician can only repair your vehicle if they can reproduce the concern. Answer the appropriate conditions below to help our technician know how to duplicate the concern.**

**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 – Acceleration – Deceleration – 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