REAR WHEEL DRIVE TRANSMISSION

Customer Diagnostic Survey Form

CUSTOMER NAME_____ **DATE** _____

REPAIR ORDER #_____ **LICENSE #** _____

SERVICE ADVISOR_____ **VIN** _____

DEFINE THE PROBLEM...

DESCRIPTION

Please describe the nature of the customer's complaint:

Condition present when hot?	☐ Yes	☐ No
Condition present when cold?	☐ Yes	☐ No
Is the condition evident now?	☐ Yes	☐ No
Is the condition intermittent?	☐ Yes	☐ No
Has the transmission been previously repaired?	☐ Yes	☐ No
Does the vehicle pull a trailer?	☐ Yes	☐ No

ROAD TEST....

Is a road test really necessary ☐ Yes ☐ No

If yes, perform the test with the customer and, in your words, explain the symptom(s) observed.

CUSTOMER SIGNATURE_____

LAKEVIEW Automotive Inc.