REAR WHEEL DRIVE TRANSMISSION Customer Diagnostic Survey Form

CUSTOMER NAME REPAIR ORDER # SERVICE ADVISOR			
DEFINE THE PROBLEM DESCRIPTION Please describe the nature of the customer's complaint:		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.	
Condition present when hot?	■ Yes ■ No		
Condition present when cold? Is the condition evident now? Is the condition intermittent? Has the transmission been	Yes No Yes No Yes No Yes No Yes No		
previously repaired?	Yes No		

CUSTOMER SIGNATURE

