REAR WHEEL DRIVE TRANSMISSION
Customer Diagnostic Survey Form

CUSTOMER NAME _____ **DATE** _____

REPAIR ORDER # _____ **LICENCE #** _____

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 _____