



CUSTOMER COMPLAINT WORKSHEET

Customer: _____

Address: _____

City: _____

Home Phone: _____ Work Phone: _____ Mobile: _____ Email: _____

Vehicle Year: _____ Make: _____ Model: _____ Mileage: _____

CUSTOMER COMPLAINT

- No A/C
- Insufficient A/C
- Odors/Leaks (Describe): _____
- Drivability issue related to AC (Describe) _____
- Other _____

When does the problem occur?

- All the time
- Engine Cold
- Engine hot
- Other _____

Ambient temperature conditions when the problem occurs:

- All the time
- 70°F - 90°F
- 90°F and above
- High temperature/High humidity

Vehicle operating conditions when the problem occurs:

- All the time
- Idling
- Cruising
- Under load

Other _____

SYSTEM FUNCTION TEST

Blower fan operation: OK No high blower Missing speeds

Other _____

Air Distribution: OK No defrost No panel No floor No recirculation

Other _____

Air Distribution: OK No defrost No panel No floor No recirculation

Other _____

Customer comments:

