



# Air Conditioning Client Concern Questionnaire

Customer Name:		Date:	
Repair Order #:		License #:	
Service Advisor:		VIN #:	

**CONCERN IS OCCURRING**

- Always  Sometimes  Rarely

**CUSTOMER COMPLAINT**

- No A/C  
 Insufficient A/C  
 Odors/leaks (describe)  
 Drivability problems that occur when a/c is on (describe)

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**COMPLAINT OCCURS**

- All the time  
 Engine cold  
 Engine hot  
 Other \_\_\_\_\_

**OUTSIDE TEMPERATURE/CONDITIONS**

- All the time  
 Cool  
 20-30°C  
 30°C +  
 Hot/high humidity

**Vehicle operating conditions**

- All the time  
 Stop & go traffic  
 Highway cruising  
 Under load  
 Other \_\_\_\_\_

**SYSTEM FUNCTIONS****Blower fan operation**

- OK  
 Missing speeds  
 Other \_\_\_\_\_

**Air distribution**

- OK  
 No defrost  
 No panel  
 No floor  
 No air recirculation  
 Other \_\_\_\_\_

**Temperature controls**

- OK  
 No temperature change  
 Control switch operation

**CONCERN STARTED**

- \_\_\_\_\_ (date/ODO)

**Additional customer comments**


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**Client Signature:** \_\_\_\_\_