

Customer Concern Verification Sheet - Electrical / Accessory

ELECTRICAL ITEMS OR ACCESSORIES

(Please list the complaint accessory or item and check any applicable symptom(s) from the list that follows:

- | | | | | | | | |
|-------|-------------------------------------|--------------------------------|-------------------------------------|----------------------------------|-------------------------------------|---|--|
| _____ | <input type="checkbox"/> Inoperable | <input type="checkbox"/> Noisy | <input type="checkbox"/> No control | <input type="checkbox"/> Erratic | <input type="checkbox"/> Blows fuse | <input type="checkbox"/> Works improperly (explain below) | <input type="checkbox"/> Related system affected (explain below) |
| _____ | <input type="checkbox"/> Inoperable | <input type="checkbox"/> Noisy | <input type="checkbox"/> No control | <input type="checkbox"/> Erratic | <input type="checkbox"/> Blows fuse | <input type="checkbox"/> Works improperly (explain below) | <input type="checkbox"/> Related system affected (explain below) |
| _____ | <input type="checkbox"/> Inoperable | <input type="checkbox"/> Noisy | <input type="checkbox"/> No control | <input type="checkbox"/> Erratic | <input type="checkbox"/> Blows fuse | <input type="checkbox"/> Works improperly (explain below) | <input type="checkbox"/> Related system affected (explain below) |

RADIO

- | | | | | | | | |
|--|---|--|---|--|---------------------------------------|--|---|
| <input type="checkbox"/> Poor reception | <input type="checkbox"/> Works improperly (explain below) | <input type="checkbox"/> Related system affected (explain below) | | | | | |
| <input type="checkbox"/> AM | <input type="checkbox"/> FM | <input type="checkbox"/> FM Stereo | <input type="checkbox"/> Tape player | <input type="checkbox"/> CD player | <input type="checkbox"/> Whole system | <input type="checkbox"/> Graphic equalizer | <input type="checkbox"/> Rear seat controls |
| <input type="checkbox"/> Front | <input type="checkbox"/> Rear | <input type="checkbox"/> Left | <input type="checkbox"/> Right | <input type="checkbox"/> Antenna | <input type="checkbox"/> Clock | <input type="checkbox"/> Speakers | |
| <input type="checkbox"/> Radio / player controls | <input type="checkbox"/> Steering wheel buttons | <input type="checkbox"/> Poor reception | <input type="checkbox"/> Works improperly (explain below) | <input type="checkbox"/> Related system affected (explain below) | | | |

OPERATING CONDITIONS (Check All That Apply)

When did the concern start happening?

- | | | |
|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Just Started | <input type="checkbox"/> Since New | <input type="checkbox"/> Since a prior repair or installation of aftermarket equipment (describe) _____ |
| <input type="checkbox"/> Few Days | <input type="checkbox"/> Few Weeks | <input type="checkbox"/> Few Months |

How Often Does It Occur?

- | | | | | | | |
|---|---|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Few Seconds | <input type="checkbox"/> Few Minutes | <input type="checkbox"/> Few Hours | <input type="checkbox"/> Few Days | <input type="checkbox"/> Few Weeks | <input type="checkbox"/> Few Months | <input type="checkbox"/> Every _____ to _____ Miles (km) |
| <input type="checkbox"/> Intermittent and unable to duplicate | <input type="checkbox"/> Intermittent but can be duplicated (explain below) | | | | | |

How Long Does It Last?

- | | | | | | | |
|---|---|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Few Seconds | <input type="checkbox"/> Few Minutes | <input type="checkbox"/> Few Hours | <input type="checkbox"/> Few Days | <input type="checkbox"/> Few Weeks | <input type="checkbox"/> Few Months | <input type="checkbox"/> Every _____ to _____ Miles (km) |
| <input type="checkbox"/> Intermittent and unable to duplicate | <input type="checkbox"/> Intermittent but can be duplicated (explain below) | | | | | |

Explain

For Dealer Use Only:

VIN: _____ Miles (km): _____ Technician #: _____ Advisor #: _____