

# CUSTOMER INTERVIEW SHEET



## INSTRUCTIONS

The interview should be conducted and the sheet filled out by personnel trained in NVH diagnosis. Please fill in or check all areas with the appropriate response, enter N/A if it does apply. The details collected during the interview are critical in successfully resolving the complaint.

## CUSTOMER DATA

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ RO #: \_\_\_\_\_

## VEHICLE DATA

Model/Year: \_\_\_\_\_ Mileage: \_\_\_\_\_  
VIN #: \_\_\_\_\_  
Is the customer the primary operator of the vehicle?  Yes  No

## NVH DATA

What type of condition is the customer experiencing?  Noise  Vibration  Harshness (ride quality)  
Is the condition constant?  Constant  Intermittent  
When did it start?  While in Service  Since New  Gradually  Suddenly  
 Other \_\_\_\_\_

### NOISE

Describe the Noise:  Squeak  Rattle  Wind Noise



When does the noise seem to be the loudest or most frequent? \_\_\_\_\_  
\_\_\_\_\_

Mark the location of the noise on the illustration (reverse side of this form).

### VIBRATION



Where is it felt:

- |                                      |                               |   |  |
|--------------------------------------|-------------------------------|---|--|
| <input type="radio"/> Steering Wheel | <input type="radio"/> Floor   | <input type="radio"/> Seat              | <input type="radio"/> Instrument Panel |
| <input type="radio"/> Brake Pedal    | <input type="radio"/> Console | <input type="radio"/> Accelerator Pedal |  |
| <input type="radio"/> Shifter        | <input type="radio"/> Body    | <input type="radio"/> Mirrors           | <input type="radio"/> Clutch Pedal     |

Describe the vibration:

- Vertical  Horizontal  Rotational  
 Other: \_\_\_\_\_

### HARSHNESS (Ride Quality)



Where do you experience it? \_\_\_\_\_

When do you experience it? \_\_\_\_\_

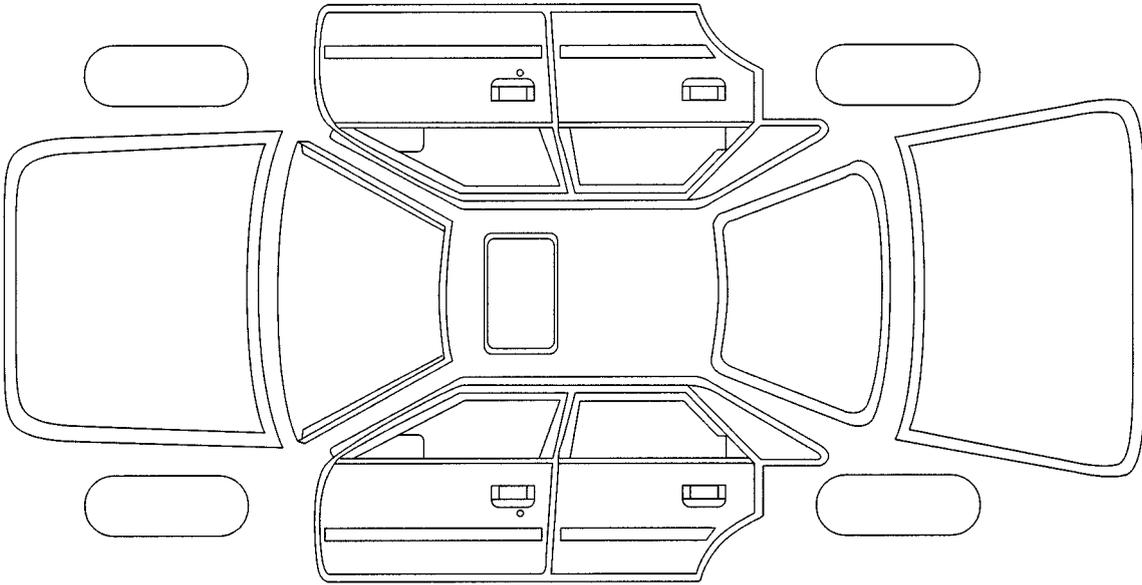
Has the vehicle ever been damaged?  Yes  No If so, please indicate where on the illustration.

Is there any relevant service history?  Yes  No If so, please describe: \_\_\_\_\_

Has there been any accessory installation?  Yes  No \_\_\_\_\_

Is the vehicle used for towing or to carry any cargo or equipment?  Yes  No \_\_\_\_\_

**LOCATION INDICATOR**



**OPERATING CONDITION**

When does the condition occur?  Starting  Idling  Cruise  Coasting  Other \_\_\_\_\_

Vehicle Speed (MPH): \_\_\_\_\_ Engine Speed (RPM): \_\_\_\_\_

- Cornering Left
- Cornering Right
- Acceleration
- Deceleration
- Braking
- Clutch Engagement
- Other \_\_\_\_\_

Accessories:  HVAC  4WD  Audio  Other \_\_\_\_\_

Engine Temperature:  Cold  Normal  Hot

Road Conditions:  Highway  Suburb  City

Road Surface:  Asphalt  Dirt/Off Road  Concrete with Expansion Joints  
 Undulating  Other Irregularities

Explain: \_\_\_\_\_

**WEATHER CONDITIONS**

Temperature: \_\_\_\_\_ °F  Clear  Rain  Ice/Snow  Wind

Other \_\_\_\_\_

**ADDITIONAL INFORMATION**

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