

Dealer Name:		Date:	
Dealer Location:		Time:	

Customer Name:			
Registration Number:		Date of Sale:	
Model:		Mileage:	
Case Received through:	Call Center <input type="checkbox"/> Direct Call from Customer <input type="checkbox"/>		
Complaint Description:			

Dealer Observation:	
Action Taken:	
Charges Collected:	₹ MOS Mechanic Signature

TO BE FILLED BY CUSTOMER

What time did you call for Roadside Assistance?		AM <input type="checkbox"/>	PM <input type="checkbox"/>
What time did the mechanic reach you?		AM <input type="checkbox"/>	PM <input type="checkbox"/>

Please spare a few minutes to give your feedback on the following:

Please rate your service experience for the following parameters on scale of 0-10 as under:

0	1	2	3	4	5	6	7	8	9	10
Poor		Average		Good		Very Good		Excellent		

S.No	Question	Rating	Remarks
1.	How easily could you contact Maruti Suzuki Roadside Assistance?		
2.	Friendliness & courtesy in serving you		
3.	Availability of required tools & spares		
4.	Ability to identify & fix the problem of the vehicle		
5.	Overall experience with the service provided		
6.	Any suggestion for improvement		

Satisfied with repair charges: Yes <input type="checkbox"/> No <input type="checkbox"/> Not Charged <input type="checkbox"/>	Remarks: Customer Signature
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