



**GM REMAN TRANSMISSION FEEDBACK FORM**

FEEDBACK FORM MUST BE: LEGIBLE/ ACCURATE/ COMPLETE

**VEHICLE**

VIN

MODEL  MAKE

YEAR  MILEAGE

CORE TRANS. S/N

JULIAN DATE  OEM CORE  REMAN UNIT

DID TECHNICIAN DISASSEMBLE CORE? YES  NO

**DEALER**

CODE  Ph

NAME

ADDRESS

CITY  STATE  P/CODE

**REMAN UNIT**

S/N

DATE ORDERED  DATE RECEIVED

DATE INSTALLED  DATE **MUST** SHOW, DAY, MONTH AND YEAR

Number of business days vehicle was down for transmission problem?

Did Reman unit correct customer complaint YES  NO

**IMPORTANT!**  
Form must be completed and attached to the returned transmission core, and returned to Fluiddrive.

THIS INFORMATION IS IMPORTANT TO THE REMAN PROGRAMME - YOUR COMMENTS ARE APPRECIATED - THANK YOU FOR YOUR COOPERATION

**REMAN SITE USE ONLY**

SITE CODE / NEW REMAN  Site Code  Year  Julian Date

**REMAN UNIT**

RO NUMBER

TRANS TYPE 4 SPEED  5 SPEED  6 SPEED  AWD/ FWD

Was there a DTC present? YES  NO  If yes what codes?

**CUSTOMER**

CORE: Complaint / Symptom

NAME

Phone

Complaint as stated on RO:

Check boxes that BEST describe the customers complaint

**GENERAL**

NO FORWARD  NO REVERSE  NO PARK Oil Condition

OTHER

**GARAGE SHIFTS**

Park to Drive:  STALLS  DELAYED  HARSH

Park to Reverse:  STALLS  DELAYED  HARSH

**NOISE**

CLUNK  BUZZ

WHINE  OTHER

**SHIFTING**

Note - If applicable only tick one box in each row

	SHIFT DOES NOT OCCUR	DELAYED	HARSH	SLIPS	SHUDDERS	BUSYNESS	OIL HOT	OIL COLD
1 - 2 SHIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 - 3 UPSHIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - 4 UPSHIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - 5 UPSHIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - 6 UPSHIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOWNSHIFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Please list)	<input type="text"/>							

**TCC APPLY**

HARSH  NO RELEASE  NO APPLY  BUSYNESS (  kph)

SHUDDER  NOISE  EARLY APPLY  CONTAMINATION

**TECHNICIAN DIAGNOSIS**



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