



Employee Empowerment Form

Date _____

Dealership Name _____

Employee Name _____

Department _____

Customer Name _____

Customer Address _____

Customer Phone Number _____

Customer email _____

Description of the customer issue/concern:

Date of Action Taken:

Description of Action Taken:

Cost of Action Taken:

Supporting Documentation- (invoice, receipt, etc)

Manager Signature: _____ Date: _____