



Mobile Pantry Agency Feedback Form

Please take a few minutes to fill out our Feedback Form so that we can better serve you and meet all your needs.

Date of Distribution: \_\_\_\_\_ Agency Name and Number \_\_\_\_\_

Name and title of person completing form: \_\_\_\_\_

Phone number and email address of person completing form: \_\_\_\_\_

Time of distribution: \_\_\_\_\_ Did the distribution start on time? Yes \_\_\_ No \_\_\_ Drivers name \_\_\_\_\_

For agencies using paper forms, totals must be reported after each distribution:
Households \_\_\_\_\_ Individuals \_\_\_\_\_ Seniors \_\_\_\_\_ Children \_\_\_\_\_

Please answer the following question about the quality of your Mobile Food Pantry by circling the response you feel is most correct:

- 1. I was satisfied with the variety of items on my truck
Agree Neutral Disagree Comments: \_\_\_\_\_
2. I was satisfied with the quality of items on my truck
Agree Neutral Disagree Comments: \_\_\_\_\_
3. I had the training and tools I needed to make my distribution successful
Agree Neutral Disagree Comments: \_\_\_\_\_
4. I had the volunteers I needed to make my distribution successful:
Agree Neutral Disagree Comments: \_\_\_\_\_

Did you return any items on the truck? If so, provide a reason the food was returned and, if possible, send an email with a photo of items returned. (denises@feedwm.org)

\_\_\_\_\_
\_\_\_\_\_

Please estimate the number of pounds returned \_\_\_\_\_

Did you have any questions or concerns you would like addressed?
\_\_\_\_\_
\_\_\_\_\_

Is there anything else Feeding America West Michigan could do to help your distribution be more successful in the future?
\_\_\_\_\_