



Mobile Pantry Feedback Form

DRIVER SECTION: To be completed by the Driver during the distribution and then given to the Agency Representative. Driver must instruct the agency to return the form within **72 hours** of the distribution.

Driver's name: _____ Truck Size (in families served): _____

Did the distribution start on time? Yes No Comments? _____

Product Temperatures: Dairy: _____ Produce: _____ Frozen: _____

Was the distribution ran properly? (Well organized, enough volunteers, FAWM standards met) Yes No

Driver Comments: _____

AGENCY SECTION: To be completed by an Agency Representative and returned within **72 Hours of distribution**. Return completed form to Shay Krick, ShayK@FeedWM.org

Date of Distribution: _____ Agency Name and Number: _____

Time of distribution: _____

Name and title of person completing form: _____

Phone number and email address of person completing form:

Agency Comments: _____

Totals must be reported after each distribution:

Households _____ Individuals _____ Seniors _____ Children _____ Vets _____

****Must be completed for each distribution. Failure may result in cancelation of future Mobiles****

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

Return completed forms to Feeding America West Michigan via email to Shayk@feedwm.org or fax to 616-784-3255.

Revised on 3/19/2019