



Agency Product & Satisfaction Survey

Agency Name: _____ **Date:** _____

Email Address: _____

I. List three items you **most** order @ SAFB

1. _____ 2. _____ 3. _____

II. List three items you most purchase **outside** of SAFB:

1. _____ 2. _____ 3. _____

III. On occasion SAFB receives very large shipments of certain items and they must be reduced for quick distribution in order to avoid waste. Please check all that apply:

___ I would like to be notified if there is an excess of any of the following items

<input type="checkbox"/>	Meat and Poultry Products	<input type="checkbox"/>	Fish and Seafood Products
<input type="checkbox"/>	Frozen Foods (bulk bin size)	<input type="checkbox"/>	Drink Products
<input type="checkbox"/>	Dairy Products	<input type="checkbox"/>	Produce
<input type="checkbox"/>	Assorted Food Boxes	<input type="checkbox"/>	Non Food Products

Whom may we contact to pick up these products?

Name: _____ **Number:** _____

___ I would not like to be notified of any additional products

IV. Would you like to see all the same products in food boxes? (all vegetables, all pasta, etc)

___ Yes ___ No

VI. Are there any items you would like to see more of?

VI. Suggestions for improvement

Thank you for your participation in this survey. We hope to better serve you by using the information you have provided us.