



Project Open Hand
meals with love

Site: _____

Date: _____

Community Nutrition Program Comment Card

Tell us about your experience.

How was your meal today? 1 2 3 4 5
(circle the appropriate number) (very dissatisfied) (fair) (very satisfied)

How was meal service today? 1 2 3 4 5
(circle the appropriate number) (very dissatisfied) (fair) (very satisfied)

Menu items you would like to see: _____

I want to be contacted. (circle one) **Yes** **No** If yes, print your name: _____

Contact me by **phone**: _____ or **email**: _____

Comments:

Thank you for your feedback!

Other ways to get involved:

Join us at our quarterly advisory lunches - a chance to meet the chef behind our meals, get questions answered by a Registered Dietician, and provide face-to-face feedback for the director of the program. Check in with your site coordinator for more details!

Contact our main office: 415-447-2379 or cnp@openhand.org