



# Meal Program Concern Form

NEI3A strives to provide services that meet the needs and desires of our consumers. We rely on our volunteers in many communities to help with the meal program. It is our desire to offer opportunities for both consumers and volunteers to express concerns about the meals we serve in a way that promotes positive change.

Please complete this form in its entirety, including your name and contact information. Without this, we will be unable to follow up in a timely manner and will NOT be able to respond to you with any changes we anticipate to provide better service. We encourage you to include any pictures of the meal with this document.

Name \_\_\_\_\_ Phone or email address \_\_\_\_\_

#### Menu Item(s) of concern

Please list concerns (BE VERY SPECIFIC):

Please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

We will not respond to unsigned concerns. This form should be returned to NEI3A and can be sent via email, US Postal Service, or given to your Aging Specialist and she will scan it electronically to us.

- Janet Buls, Director of Nutrition Services  
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- Anna Williams, Team Lead Meals,  
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