



## Decision-Maker Meeting Feedback Form

Name of decision-maker: \_\_\_\_\_

Position: \_\_\_\_\_

Reason this person is critical to your campaign:  
\_\_\_\_\_

Campaign priority being discussed and focus of community mobilization effort:  
\_\_\_\_\_

Name(s) of staff present: \_\_\_\_\_  
Date of meeting: \_\_\_\_\_

Names of grassroots attending meeting and relationship to decision-maker:  
\_\_\_\_\_  
\_\_\_\_\_

Was the decision-maker supportive of your position?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

*Comments:*

Does decision-maker have a personal relationship to your issue?  
Yes \_\_\_\_\_ No \_\_\_\_\_

*Please specify:*

Would the decision-maker like more information on the issue?  
Yes \_\_\_\_\_ No \_\_\_\_\_

*Please specify:*

Specifically, what is decision-maker's favorite source for news? (TV, print, radio, blogs, etc)  
\_\_\_\_\_

Following the conclusion of the meeting, has a thank-you note been sent?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please return to:  
[NAME, FAX #, EMAIL ADDRESS]