



# Secret Shopper Answer Sheet

Secret Shopper Name: \_\_\_\_\_ Test Date: \_\_\_\_\_

Team/Location/Staff Tested: \_\_\_\_\_

Was the staff member/volunteer able to tell you how to make a donation? Y / N

Notes:

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Was the staff member/volunteer able to tell you how donations are used? Y / N

Notes:

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Was the staff member able to tell you who to talk to for more information on donating or for more info in general? Y / N

Notes:

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Rate your overall experience on a scale of 1-10 with 1 being the lowest: \_\_\_\_\_

Reason for score:

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How can the experience be improved?

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Optional questions to be completed by fundraising department:

Did secret shopper give an optional donation?	Yes	No
Optional donation received by fundraising department?	Yes	No
Optional donation received without tampering/damage?	Yes	No