



Certificate of Need (CON) Program

Customer Survey Form

assessing the opinions and recommendations of the people we serve . . .

Customer Name (optional): _____ Response Date: _____

Individual Questions:

- Yes No 1. Did you receive adequate assistance from CON staff?
- Yes No 2. Was the CON web site information helpful?
- Yes No 3. Did the CON Rulebook provide all of the information you needed?
- Yes No 4. Was the CON program's response timely?
- Yes No 5. Are CON meetings and hearings fair and impartial?

Comments:

List any additional observations and/or recommendations about these and any other questions and/or concerns that you may have:

This completed Customer Survey Form may returned to CON either by emailing it to mocon@mchsi.com, or sending it by US Postal Service to:
Missouri CON Program, PO Box 570, Jefferson City, MO 65102