



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 web site 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 [CONP@health.mo.gov](mailto:CONP@health.mo.gov) or sending it by US Postal Service to:  
**Missouri CON Program, PO Box 570, Jefferson City, MO 65102***