METROPOLITAN COUNCIL COMMUNITY / PARTICIPANT INPUT SHEET

The Metropolitan Council wants to hear from you! Please share your thoughts, feedback, concerns and ideas with us.

If you'd like, you can fill out both sides of this sheet and hand it to an attending staff or leader. You may also share your thoughts by going online (see reverse side for details).

About me	
Name	
Cell Phone: En	nail:
Address including zip code:	
My organization or affiliation (optional):	
	
My thoughts	
1. I have heard of the Metropolitan Council (or insert project) before today (please circle one):	
	YES or NO
2. My general feeling toward the Metropolitan Counc	il is:
Positive Somewhat positive Ne	utral Somewhat negative Negative
3. My impressions about the conversations, meetings or other experiences I've been involved in are:	
4. I understand the purpose of the X Project:	
☐ Very well ☐ Pretty well ☐ Sor	newhat A little bit Not at all
5. My main concerns or questions at this point are:	



6. What I would like Metropolitan Council leaders to know is:	
7. In order to improve this process, I'd suggest:	
8. My rating for this particular meeting, event, or conversation (please check only one box):	
Went well above and beyond my expectations	
Surpassed my expectations	
☐ Met my expectations	
Was slightly below my expectations	
Was disappointing	
Staying connected	
I'd like to stay connected with the Metropolitan Council in these ways (please check all that apply):	
☐ Via mail – (Be sure to include your mailing address on the reverse side)	
☐ Via e-mail – E-mail address:	
☐ Via SMS text – Cell phone #:	
Social media Facebook, Twitter handle:	
☐ In-person events and meetings	
Other:	

Contact Us:

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