



# Feedback Form - Accessibility

## Personal Information (Please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

## What is your situation? (Check the appropriate box)

I have a disability.

Please identify your disability (optional): \_\_\_\_\_

I am submitting this feedback on behalf of a person with a disability.

Relationship to the person with the disability (optional): \_\_\_\_\_

Please identify their disability (optional): \_\_\_\_\_

## What is the nature of your feedback? (Check all that apply)

Facilities (parking, internal/external physical barriers)

Programs

Town Services (licensing, enforcement, snow removal, sidewalks, roads)

Communications (website, publications, signage, TTY phones)

Parks and Open Space

Customer Service (cashier, front-line staff)

Other:

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*Continued on back.*

**Description of Feedback:**

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**Suggestions for Improvement/Resolution:**

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Personal information, on this form, is being collected under the authority of section 11 of the Integrated Accessibility Standards, Ontario Regulation 191/11 under the Accessibility for Ontarians with Disabilities Act, 2005, and will be used to address and resolve issues related to the accessibility of the Towns goods, services, programs, and facilities.

Questions about this collection should be directed to the Clerk, Town of Englehart, P.O. Box 399, 61 Fifth Avenue, Englehart, ON, P0J 1H0. Ph: 705-544-2244