



Accessibility Feedback Form

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 lots, internal/external physical barriers)

Recreation Programs

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

Communications (website, publications, signage, TTY phones)

Transit

Parks and Open Space (trails, parks)

Customer Service (cashier, front-line staff)

Other: _____



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Continued on back.

Description of Feedback:

Suggestions for Improvement/Resolution:

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 Cities goods, services, programs, and facilities. Questions about this collection should be directed to the Clerks Department, City of Temiskaming Shores, 325 Farr Dr. P.O. Box 2050 Haileybury, ON. P0J 1K0, 705-672-3363 ext. 4136



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