

South East Community Care Access Centre Accessibility Feedback Form

All people regardless of disability have equal right of access to all goods and services provided by the South East CCAC. In support of this, the South East CCAC is committed to improving accessibility and to reducing the stigma associated with all disabilities. To assist in the identification, removal and prevention of barriers faced by people with disabilities, the South East CCAC is seeking ongoing feedback from clients, staff, community partners and the public about the accessibility of South East CCAC's programs, services and facilities.

Please take a few moments to answer the following questions:

1) I am a:

- Client/Patient
- Staff
- Other

2) Have you, or someone you know, experienced difficulties relating to accessibility while at any of our sites or using any of our services or programs?

- Yes
- No
- Not sure

3) If yes, please select all the barriers that apply:

- Physical** – Potted plants obstructing pathways
- Architectural** - Reception counter not at eye level for wheelchairs
- Communication/Information** - Client Records only available in print, not accessible to those with visual disabilities
- Technological** – South East CCAC website is not accessible to people with visual limitations, no sound options or text options – not compatible with screen reading software



- Attitudinal** – Lack of knowledge, Bias - not talking to the person with the disability, using words like handicapped
 - Policy/Practice** – Lack of an Accommodation Policy - unclear who does what to assist staff and clients with disabilities, also unknown is the parameters of that assistance.
- 4) If you checked one or more above, please describe the situation faced at the time of the visit.

5) Do you have any recommendations for preventing this in the future?

OPTIONAL INFORMATION

What type of disability do you (or the person in the situation described) have?
May we contact you about your feedback?

Yes

No

If yes, please provide your contact information:

Name:

City of Residence:

Email:

Phone number (daytime):

How the South East CCAC uses the information gathered in this feedback form

The information will also be used in continuing improvement of the programs, facilities and services offered.

Thank you for your comments. Your time and participation in this process is greatly appreciated.

Please fax your completed feedback form to Becky Norris, Senior Manager, Human Resources & Organization Development at (613)345 3294