

Accessibility Feedback Form

All people regardless of disability have equal rights to access goods and services, employment, environment, information and communication provided by Home and Community Care Support Services Central East. In support of this, we are committed to improving accessibility and reducing the stigma associated with all disabilities. To assist in the identification, removal and prevention of barriers faced by people with disabilities, we are seeking ongoing feedback from patients, employees, community partners and the public about the accessibility of our programs, services and facilities.

Please take a few moments to answer the following questions:

1. I am a:

Patient Employee Other

2. Have you, or someone you know, experienced any accessibility barriers 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 - Patient Records only available in print, not accessible to those with visual disabilities

Technological – Our 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 patients with disabilities, also unknown is the parameters of that assistance.

4. If you checked one or more of the above, please describe the situation you have experienced?

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 we use the information gathered in this feedback form

The feedback provided will be used to guide us for continuing improvement of our programs, facilities and services offered.

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

Submit your completed feedback form to:

Email: CE-HR-WorkplaceHealthandSafety@lhins.on.ca

Fax: 905-444-2253

In Person: Please visit a convenient branch