



ACCESSIBILITY FEEDBACK

Provision of Goods or Services to People with Disabilities and Availability of Policy

Name:	Date:
Name of Organization:	
Mailing Address:	Home Phone:
	Work Phone:
	Email:

1. Are you a resident of the Township of South Stormont?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you a family member of a person with a disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Which of the following items do you wish to discuss?		
<input type="checkbox"/> A barrier which has been identified		
<input type="checkbox"/> A barrier which needs to be identified		
<input type="checkbox"/> Barriers that have been removed by the Township of South Stormont		
<input type="checkbox"/> Accessible Township Services		
<input type="checkbox"/> Accessible Township Buildings		
<input type="checkbox"/> Lack of services/supports		
<input type="checkbox"/> Roads		
<input type="checkbox"/> Attitudes/awareness		
<input type="checkbox"/> Housing		
<input type="checkbox"/> Parking		
<input type="checkbox"/> Social Assistance		
<input type="checkbox"/> Other		
<input type="checkbox"/> The Township of South Stormont's Accessibility Plan		
<input type="checkbox"/> Other		
4. This form will be forwarded to the appropriate Department Head. Would you like to be contacted directly regarding this matter?		
<input type="checkbox"/> YES		
<input type="checkbox"/> NO		



Township of **SOUTH STORMONT**

www.southstormont.ca
P.O. Box 84, 2 Mille Roches Rd
Long Sault, ON K0C 1P0

5. If you are proposing a change, please provide details (including the proposed new or revised wording, or identification of wording to be deleted, if applicable).

6. Reason(s) for change:

This information is collected by the Township of South Stormont under the Freedom of Information and Protection of Privacy Act R.S. 1990, c.F.31.s.39(2) for the purposes of improving accessibility to its buildings and services. Questions about the collection of this information can be addressed to the Clerk's department at the above address.

Signature

Please forward this form to the above address or to info@southstormont.ca. A response will be provided within 30 days to all complaints or comments regarding the provision of goods and services.

FOR OFFICE USE ONLY

Responsible Dept:	Contact Person:
Date Forwarded:	Date of Response:
Follow-up Actions:	

PHONE: 613-534-8889
FAX: 613-534-2280
EMAIL: info@southstormont.ca