

ONGWANADA
Accessibility Evaluation, Feedback, and Complaints Form

Workshop/Meeting/Event at Resource Centre _____
Date _____ Presenter/Meeting Chair (if applicable) _____

The organization is committed to meeting the needs of people with disabilities in a timely manner and will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the *Accessibility for Ontarians with Disability Act, 2005 (AODA)*.

Personal information that is provided through the Accessibility Evaluation Form is collected pursuant to the *Accessibility Standards for Ontarians with Disabilities Act, 2005, O.Reg 191/11 and O. Reg 429/07*, and will be used for the purpose of responding to accessibility requests. All fields must be completed.

Name: _____

Address: _____

Phone: _____

Email: _____

1. Did the room meet your accessibility needs?

Yes _____ No _____ N/A _____

If no, how was your accessibility requirement not met?

2. Did the education session/meeting/event accommodate your accessibility requirements?

Yes _____ No _____ N/A _____

If no, how was your accessibility requirement not met?

3. Were there any barriers apparent, that impacted your participation in the session?

Yes _____ No _____ N/A _____

If yes, what was the barrier?

