

Did you experience any barriers to accessing our goods, services, or facilities?

- Yes
- No
- Somewhat

If yes or somewhat, please explain.

Do you have any recommendations to make accessing our services or facilities easier for people with disabilities?

- Yes
- No

If yes, please explain.

Additional comments:

Contact Information

You are invited to provide your contact information to enable the organization to follow up regarding your feedback. This is entirely optional.

The organization will follow up within 60 days.

Your contact information will be kept confidential and secure and will be used for the sole purpose of responding to your feedback. The organization retains all feedback and contact information for 7 years.

Name: _____

Preferred contact method: E-mail Phone Other. Please specify: _____

Contact information:
