

Accessibility Feedback Form

- **Your Experience:**

- Which area of our service did you access today?

Website

Office

- Did you encounter any accessibility barriers during your experience?

Yes

No

- If yes, please describe the barrier you encountered in detail:

- Where did this barrier occur?
- What were you trying to do when you encountered the barrier?
- How did this barrier impact your ability to access our service?

- **Specific Feedback:**

- Regarding the physical environment, were there any issues with: (Select all that apply)

- Doors
- Signage

- Regarding our website, were there any issues with: (Select all that apply)

- Navigation
- Text size
- Screen reader compatibility
- Captioning

- **How Can We Improve?**

- What specific changes could we make to improve accessibility for you?

- Do you have any suggestions for alternative formats of information

large print

audio

braille

- **Contact Information (Optional):**

If you would like us to follow up with you regarding your feedback, please provide your email address: