

# **730 CKDM ACCESSIBILITY FEEDBACK FORM**

730 CKDM believes in accessibility for individuals with disabilities; how we interact with our customers and members of the public is important to us. We would like to hear your comments, questions and suggestions relating to accessibilities for persons with disabilities.

If you wish to provide your feedback on how 730 CKDM provides access to services and/or products to persons with disabilities, please complete this *Accessibility Feedback Form*. You can send this back to us by regular mail to 730 CKDM Box 568 Dauphin, MB R7N 2V4

Please tell us about your recent visit or interaction with 730 CKDM and list any suggestions you may have to help us improve accessibility:

**1. 730 CKDM OFFICE LOCATION OR WEBSITE INFORMATION**

Which physical location or website did you visit? \_\_\_\_\_

Date of visit: \_\_\_\_\_

Time of Visit: \_\_\_\_\_

**2. DID YOU EXPERIENCE ANY BARRIERS OR CHALLENGES IN ACCESSING THE 730 CKDM SITE/ LOCATION THAT YOU VISITED TODAY MEET YOUR NEEDS?**

No

Somewhat (please explain and/or provide recommendation below)

Yes (please explain and/or provide recommendation below)

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**Did you encounter any accessibility barriers or challenges in any of the following areas:**

**3. RECEIVING THE SERVICE(S) YOU NEEDED IN AN ACCESSIBLE MANNER?**

No

Somewhat (please explain and/or provide recommendation below)

Yes (please explain and/or provide recommendation below)

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**4. PROCUREMENT OF GOODS, SERVICES AND/OR FACILITIES**

No

Somewhat (please explain and/or provide recommendation below)

Yes (please explain and/or provide recommendation below)

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**5. DESIGN AND DELIVERY OF PROGRAMS AND/OR SERVICES:**

- No
- Somewhat (please explain and/or provide recommendation below)
- Yes (please explain and/or provide recommendation below)

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**6. BUILDING ACCESS:**

- No
- Somewhat (please explain and/or provide recommendation below)
- Yes (please explain and/or provide recommendation below)

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**7. ACCESSING INFORMATION & COMMUNICATION TECHNOLOGIES (I.T.C.)**

- No
- Somewhat (please explain and/or provide recommendation below)
- Yes (please explain and/or provide recommendation below)

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**8. COMMUNICATION (OTHER THAN I.T.C.)**

- No
- Somewhat (please explain and/or provide recommendation below)
- Yes (please explain and/or provide recommendation below)

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**9. EMPLOYMENT**

- No
- Somewhat (please explain and/or provide recommendation below)
- Yes (please explain and/or provide recommendation below)

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**10. ADDITIONAL COMMENTS:**

Do you have any other comments or suggestions to help us better serve individuals with disabilities?

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**11. CONTACT INFORMATION: (Optional)**

If you wish to receive a follow-up response from 730 CKDM concerning your inquiry, suggestion, or concern, please provide the following information:

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**THANK YOU! YOUR FEEDBACK IS APPRECIATED!**

*\*\* NOTE: any personal information collected through completion of this Accessibility Feedback Form will be kept private and will only be used for the sole purpose of responding to the submitted inquiry and/or to improve overall accessibility to 730 CKDM products, services and/ or locations.*