



Accessibility Feedback

The following information is requested for the purpose of obtaining and responding to your feedback.

* Indicates mandatory fields

Keeping accessibility in mind, tell us about your experience at the voting location:

* Voting Location Address:

* Date:

* Time:

Did you experience any challenges with any of the following items:

Exterior Access

- Building location signage
- Parking
- Parking signage
- Exterior pathway
- Exterior lighting

Interior Access

- Level-access entrance
- Ability to operate entrance doors
- Entrance door width
- Interior lighting

- Signage – fire, exit
- Protruding obstacles
- Interior doors
- Interior door thresholds
- Hallways
- Elevator
- Seating
- Washroom

Voting/Marking a ballot

- * Were you able to vote?
- Yes
 - No

Other Comments:

Tell us how to contact you

If you would like a response to your feedback, please provide your preferred contact method below.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Telephone Number	<input type="text"/>
Street Address	<input type="text"/>
Municipality	<input type="text"/>
Province	<input type="text"/>
Postal code	<input type="text"/>