



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"/>