



## THE ALEXANDRA HOSPITAL, INGERSOLL

*Your partner in accessible community healthcare*

### ACCESSIBILITY SURVEY

Please take a few moments to provide Alexandra Hospital, Ingersoll with feedback on the accessibility of our facilities to persons with disabilities. Your feedback will help us to identify, prevent and remove barriers to persons with disabilities in accordance with the Ontarians with Disabilities Act, 2001. We take feedback into serious consideration and especially welcome suggestions for improvement.

Please assist us by answering the following questions.

1. Have you, or someone you know, experienced difficulty in accessing programs or services at Alexandra Hospital, Ingersoll because of a lack of accommodation for persons with disabilities?

no                       yes                       not sure

If yes, please describe the barrier that you or someone you know faced at the time of the visit and offer suggestions for improvement.

2. Have you, or someone you know, experienced difficulty in communicating with hospital personnel because of a disability while receiving hospital services?

no                       yes                       not sure

If yes, please describe the barrier that you or someone you know faced at the time of the visit and offer suggestions for improvement.

3. Have you, or someone you know, experienced an attitudinal barrier toward a person with a disability while at Alexandra Hospital, Ingersoll?

- no                       yes                       not sure

If yes, please describe the barrier that you or someone you know faced at the time of the visit and offer suggestions for improvement.

4. Please describe any other measures Alexandra Hospital, Ingersoll could take to accommodate persons with a specific disability.

**Respondent Type**

- Staff Member/Volunteer                       Community Member                       Patient

The information gathered through this survey is considered in the development of Alexandra Hospital, Ingersoll's Annual Accessibility Plan and by the programs and services mentioned in the feedback provided. Please note that Alexandra Hospital, Ingersoll has a separate process through which you can seek to resolve concerns.

If we may contact you to clarify any of the information you have provided in this survey, please provide your name and telephone number and/or email address below:

**Name** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_