

**Barrier Identification Form - Collingwood**



The Town of Collingwood Accessibility Advisory Committee is seeking your assistance to identify and eliminate barriers within the community. If you are aware of a barrier, please take a moment to fill out this form and return to:

Mail: Attn. Sara Almas, Clerk [salmas@collingwood.ca](mailto:salmas@collingwood.ca)  
 Town of Collingwood Fax: (705) 445-2448  
 P.O. Box 157, 97 Hurontario Street Tel: (705) 445-1030  
 Collingwood, ON L9Y 3Z5

Thank you for assisting in making Collingwood a barrier free community!

Type of Barrier Identified (please check all that apply)	<input type="checkbox"/>	<b>Physical/Architectural</b> (ie. Location of chairs or other items obstructing pathways for the visually impaired or hallway too narrow for a wheelchair)
	<input type="checkbox"/>	<b>Information</b> (ie. Font size too small for those with low-vision)
	<input type="checkbox"/>	<b>Communication/Attitude</b> (ie. Method of communication for important information is not appropriate or municipal employee ignores person in wheelchair)
	<input type="checkbox"/>	<b>Technological</b> (ie. Office equipment requires use of physical strength and both hands to operate)
	<input type="checkbox"/>	<b>Policy or Practice</b> (ie. Not having audible signals at major intersections)
	<input type="checkbox"/>	<b>None of the above/Not sure</b>
Please describe the barrier (Who, What, Where, When...)	[Empty space for description]	

Please identify the department(s) in which you identified the barrier	Clerk Services
	Tax/Finance Department
	Human Resources
	Parks, Recreation & Culture
	Building/Planning Services
	Library
	Museum
	Police Department
	Fire Department
	Public Works/Engineering
	None of the above/Not sure
Do you have a recommendation for removing the barrier? Please describe	
Would you consider the barrier Low, Medium or High priority? And Why?	

Please check if you would consent to participate in a media release when the barrier has been resolved.

*We thank you for your input and concerns. Information gathered relative to this matter is done so in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will only be used for resolution purposes.*

*If you have provided your contact information, a municipal representative may contact you for clarification of the barrier or resolution identified and only if needed.*

**Your Contact Information:**

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

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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*For Office Use*

Date received: \_\_\_\_\_

Date initial contact: \_\_\_\_\_

CAO / Sr. Management Review: \_\_\_\_\_

Accessibility Advisory Committee Recommendation/Review: \_\_\_\_\_

Resolution to Barrier: \_\_\_\_\_

Date individual contacted with resolution: \_\_\_\_\_

Check when Barrier Free!