

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
 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)	Physical/Architectural (ie. Location of chairs or other items obstructing pathways for the visually impaired or hallway too narrow for a wheelchair)
	Information (ie. Font size too small for those with low-vision)
	Communication/Attitude (ie. Method of communication for important information is not appropriate or municipal employee ignores person in wheelchair)
	Technological (ie. Office equipment requires use of physical strength and both hands to operate)
	Policy or Practice (ie. Not having audible signals at major intersections)
	None of the above/Not sure
Please describe the barrier (Who, What, Where, When...)	

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: _____

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!