



The City is seeking input from agencies, organizations and individuals with disabilities to help the City enhance accessibility to its facilities, programs, services and events.

First Name (Optional)		Last Name (Optional)		Date (Optional)	
Street address (Optional)			City (Optional)		Zip (Optional)
Email address (Optional)				Phone (Optional)	
Name of City of Downey facility or location, or type of program or service for which you are providing input					
1. What is your relationship to the City of Downey? (Please check all that apply)					
Resident		Visitor		Participant of a Program, Service or Activity	
Employee		Contractor		Other	
Please describe					
2. Check all programs, services or activities in which you participate at the facility, site or location.					
Classes		Sporting Events		Work (Volunteer)	
Recreation		Seminars		Work (Employee)	
Other		Meetings			
Please describe					



3. Do you know who to contact if you need assistance, have a concern or complaint, or need an accommodation to access a facility, service or event?

Yes No If yes, who would you contact?

4. Have you ever requested an accommodation for a disability from the City?

Yes No Not applicable Don't Know

5. If an accommodation was requested, was your accommodation made by the City?

Yes No Not applicable Don't Know

If yes, what accommodations were made? If no, were you given a reason why it was not provided?



6. Have you experienced any barriers, non-accessible areas, or non-accessible programs?
(Examples: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, need for assistive listening device, large print, etc.)

Yes

No

Not applicable

Don't Know

If yes, please describe

7. Have you attended any special events in the City?

Yes

No

If yes, did you encounter any barriers to accessibility?



8. Is accessible seating provided for individuals with disabilities at meetings, classes, programs, etc. held at the facility?

Yes

No

Not applicable

Don't Know

If no, please describe

9. Are you aware of any programs, service or activities that are not accessible to individuals with disabilities?

Yes

No

Not applicable

Don't Know

If yes, please describe

10. Are you aware of any areas or elements of the facility that are not accessible to individuals with disabilities?

Yes

No

Not applicable

Don't Know

If yes, please describe



11. Is information provided regarding accommodations, auxiliary aids (such as assistive listening systems, interpreters, alternate formats, specialized equipment, or assisted services, etc.?)

Yes

No

Not applicable

Don't Know

Please describe

12. Is there adequate directional and information signage provided at the facility?

Yes

No

Not applicable

Don't Know

Please describe

13. If you have requested auxiliary aids, an interpreter or specialized equipment, was your request accommodated?

Yes

No

Not applicable

Don't Know

Please describe

14. Has the attitude of staff of the City of Downey towards you or someone you know with a disability been generally helpful, supportive, positive and proactive in solving accessibility issues?

Yes

No

Not applicable

Don't Know

Please describe



15. Other comments:

16. What do you feel is the highest priority for accessibility in the City of Downey Accessibility Plan?

Please return this survey by September 16, 2016 to:

Shannon DeLong, ADA/Section 504 Coordinator
City of Downey
11111 Brookshire Avenue
Downey, CA 90241
By email to ADACoordinator@downeyca.org
By fax to 562.923.6388



Submit

Thank you for your input!