

CITY OF KINGSLAND, GEORGIA

Public Accessibility Survey City of Kingsland Facilities

Date completed: _____, 20__

**Optional
information**

– Name, Address, Telephone, e-mail:

Facility or Service being commented
about

Please answer the following questions. You may indicate your response as follows:
Y – Yes **N** – No **DK** – Don't Know **NA** – Not Applicable or write your
 response in the Comments box. We also encourage you to provide any additional
 comments to clarify your answer to these questions.

Question	Y	N	DK	NA	Comments
1. Are you a Visitor/ Contractor/ Participant of a Program, Service, or Activity, Community Member/ Employee/ or Other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Programs or activities in which you participate (please note all that apply) – Meetings/ Classes/ Work (Volunteer)/ Work (Employee)/ Recreation/ Sporting Events/ Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you ever requested an accommodation for a disability from the City? If an accommodation was requested, was your accommodation made by the City?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you experienced any exterior barriers, non-accessible areas, or non-accessible programs (i.e.: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Question	Y	N	DK	NA	Comments
5. Have you experienced any interior barriers, non-accessible areas, or non-accessible programs inside a Kingsland facility? (i.e.: stairs only to the facility, narrow doorways, protruding objects in the hallways, lack of assistive devices, missing or inappropriate signage, lack of interpreters, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is accessible seating provided for individuals with disabilities at programs, community events, etc. held at Kingsland facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are you aware of any programs, services, or activities that are not accessible to individuals with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are you aware of any areas and elements of any Kingsland facility that are not accessible to individuals with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is information provided regarding accommodations, auxiliary aids (such as assistive listening systems, interpreters), alternate formats, specialized equipment, or assisted services, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is there adequate directional and informational signage provided at Kingsland facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. If you have requested auxiliary aids, an interpreter, or specialized equipment, was your request accommodated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do you know who to contact to request accommodations for yourself, a relative, or a friend with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is the attitude of the City of Kingsland (or its employees) towards you, or someone you know with a disability, generally helpful, supportive, positive, and proactive in solving accessibility issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Mail completed survey to: City of Kingsland - Human Resources Department
 ADA Coordinator
 P.O. Box 250
 Kingsland, GA 31548

or fax to (912) 729-2953