

Thrive Accessibility Feedback Form

The following identifies barriers that potentially affect your ability to access every day goods and services and quality customer service. Please check the boxes that best reflect your own personal experiences.

1. Aisles are too narrow making it difficult or impossible for you to manoeuvre in a wheelchair or scooter, with a walker, etc.

not a barrier small medium large barrier

2. The lack of designated space for wheelchairs and scooters in waiting rooms of offices means you must receive special attention.

not a barrier small medium large barrier

3. Debit and card readers are difficult or impossible for you to use, because of the position where they are placed.

not a barrier small medium large barrier

4. Lack of understanding about the laws regarding support animals limits your access to facilities and services.

not a barrier small medium large barrier

5. The variety of locations and placement of grab bars, shelves, dryers, soap, flushing mechanisms etc. make washrooms difficult for you to use.

not a barrier small medium large barrier

6. You feel you must divulge the nature of your disability in order to receive services in the manner you need and without negative attitudes.

not a barrier small medium large barrier

7. Accessible washroom stalls are too small to accommodate you and your mobility device.

not a barrier small medium large barrier

8. The lack of seating that can accommodate both you and your attendant or companion, limits the choice of events you can attend.

not a barrier small medium large barrier

9. Please let us know if there are other barriers that impact on your ability to access Thrive Counselling and services.

What could be done to make your customer service experiences easier.

Suggestion 1:

Suggestion 2:

Suggestion 3:

Other:

If you were dissatisfied with the service you received and would like a response to your concerns, please identify yourself by name, address and telephone number. The Director of Clinical Services will contact you personally about your concerns.

Name: _____ **Phone:** _____

Address:

Thrive Counselling
info@thrivecounselling.org , 905 845-3811