

Survey for City of Indian Wells Program and Facility Users

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)

Address (Optional)

Phone (Optional)

E-mail address (Optional)

Name of City of Indian Wells facility or location, or type of program or service for which you are providing input

1. What is your relationship to the City of Indian Wells? (check all that apply)

- Resident
- Visitor
- Contractor
- Employee
- Participant of a Program, Service or Activity
- Other

If other, please describe.

2. Check all programs, service or activities in which you participate at the facility, site or location.

- Classes
- Recreation
- Meetings
- Sporting Events
- Seminars
- Work (Volunteer)
- Work (Employee)

Other

If other, 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, nonaccessible areas, or nonaccessible 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 informational signage provided at the facility?

- Yes
- No
- Not Applicable
- Don't Know

If no, 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

If no, please describe.

14. Has the attitude of the staff of the City of Indian Wells 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 Indian Wells Accessibility Plan?

Additional copies of the survey, in hard copy or electronic format, can be obtained from Disability Access Consultants (DAC) by calling 530-533-3000 or by sending an email request to bthorpe@dac-corp.com.

Please return this survey by December, 17 2018 to:

Mirian Fulson, ADA/504 Coordinator
City of Indian Wells
44-950 Eldorado Drive
Indian Wells, CA 92210-7497
Phone: (760) 776-0237 By email to mfulson@indianwells.com

You may also return the completed survey to:

Barbara Thorpe
Disability Access Consultants
2243 Feather River Boulevard
Oroville, CA 95965
By email to bthorpe@dac-corp.com

Thank you for your input!