Survey for City of West Sacramento 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 West Sacramento facility or location, or type of program or service for which you are providing input

_____

1. What is your relationship to the City of West Sacramento? (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 compliant, 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 of West Sacramento?

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

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

☐ 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 West Sacramento 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 West Sacramento Accessibility Plan?

_____

_____

_____

Additional copies of the survey, in hard copy or electronic format, can be obtained from the Capital Projects Department by calling 916-617-4980 or by sending an email request to ada@cityofwestsacramento.org.

Please return this survey to:

ADA/504 Coordinator, Victoria Soares
Capital Projects Department
1110 West Capitol Avenue, First Floor
West Sacramento, CA 95691

By email to: ada@cityofwestsacramento.org

Thank you for your input!