



CFNR
NETWORK
Canada's First Nations Radio

YOUR NATION
YOUR STATION

4562 B Queensway Drive, Terrace BC, V8G 3X6 - PH 250-638-8137 - 1-866-833-2367

ACCESSIBILITY FEEDBACK FORM:

1. CFNR OFFICE LOCATION OR WEBSITE INFORMATION

Did you visit the website or office location? _____

Date of visit: _____

Time of Visit: _____

2. DID YOU EXPERIENCE ANY BARRIERS OR CHALLENGES IN ACCESSING THE WEBSITE?

No

Somewhat (please explain and/or provide recommendation below)

Yes (please explain and/or provide recommendation below)

Did you encounter any accessibility barriers or challenges in any of the following areas:

3. WERE THE SERVICES ACCESSIBLE TO YOU OR SOMEONE WITH YOU?

No

Somewhat (please explain and/or provide recommendation below)

Yes (please explain and/or provide recommendation below)

4. PROCUREMENT OF GOODS, SERVICES AND/OR FACILITIES

No

Somewhat (please explain and/or provide recommendation below)

Yes (please explain and/or provide recommendation below)

5. DESIGN AND DELIVERY OF PROGRAMS AND/OR SERVICES:

No

Somewhat (please explain and/or provide recommendation below)

Yes (please explain and/or provide recommendation below)

6. BUILDING ACCESS:

- No
- Somewhat (please explain and/or provide recommendation below)
- Yes (please explain and/or provide recommendation below)

7. ACCESSING INFORMATION & COMMUNICATION TECHNOLOGIES (I.T.C.)

- No
- Somewhat (please explain and/or provide recommendation below)
- Yes (please explain and/or provide recommendation below)

8. COMMUNICATION (OTHER THAN I.T.C.)

- No
- Somewhat (please explain and/or provide recommendation below)
- Yes (please explain and/or provide recommendation below)

9. EMPLOYMENT

- No
- Somewhat (please explain and/or provide recommendation below)
- Yes (please explain and/or provide recommendation below)

10. ADDITIONAL COMMENTS:

Do you have any other comments or suggestions to help us better serve individuals with disabilities?

11. CONTACT INFORMATION: (Optional)

If you wish to receive a follow-up response from Northern Native Broadcasting concerning your inquiry, suggestion, or concern, please provide the following information:

Name: _____
 Email: _____
 Phone: _____

THANK YOU! YOUR FEEDBACK IS APPRECIATED!

** NOTE: any personal information collected through completion of this Accessibility Feedback Form will be kept private and will only be used for the sole purpose of responding to the submitted inquiry and/or to improve overall accessibility to Northern Native Broadcasting's products, services and/or locations.