

ACCESSIBILITY FEEDBACK FORM

— NORTHERN NATIVE BROADCASTING



1. Did you visit the website or office location?

☐

Office

☐

Website

Date of Visit

DAY

MONTH

YEAR

2. Did you experience any barriers or challenges in accessing the website?

☐

Yes

☐

No

☐

Somewhat

If you answered "YES" or "SOMEWHAT" please explain in more detail here, and or provide a recommendation.

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?

☐

Yes

☐

No

☐

Somewhat

If you answered "YES" or "SOMEWHAT" please explain in more detail here, and or provide a recommendation.

4. Procurement of goods, services and/or facilities

☐

Yes

☐

No

☐

Somewhat

If you answered "YES" or "SOMEWHAT" please explain in more detail here, and or provide a recommendation.

5. Design and delivery of Programs and/or Services

☐

Yes

☐

No

☐

Somewhat

If you answered "YES" or "SOMEWHAT" please explain in more detail here, and or provide a recommendation.

6. Building Access

☐

Yes

☐

No

☐

Somewhat

If you answered "YES" or "SOMEWHAT" please explain in more detail here, and or provide a recommendation.

7. Accessing Information & Communication Technologies (I.T.C)

☐

Yes

☐

No

☐

Somewhat

If you answered "YES" or "SOMEWHAT" please explain in more detail here, and or provide a recommendation.

8. Communication (other than I.T.C.)

☐

Yes

☐

No

☐

Somewhat

If you answered "YES" or "SOMEWHAT" please explain in more detail here, and or provide a recommendation.

9. Employment

☐ Yes ☐ No

☐ Somewhat

If you answered "YES" or "SOMEWHAT" please explain in more detail here, and or provide a recommendation.

10. Additional Comments

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

If you wish to receive a follow-up response from Northern Native Broadcasting concerning your inquiry, suggestion, or concern, please provide a way for us to get back to you.

(This is optional):

First Name :

Last Name :

Email :

Phone :

Thank you! Your feedback is appreciated!

**** NOTE:** If you did not submit anonymously, 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.

