

## Township of McGarry: Accessibility Standards for Customer Service Policy

### Assistive Devices:

The Municipality is committed to serving all of our citizens, including people with disabilities who use assistive devices to obtain, use or benefit from our goods and services. We will ensure that our staff is trained and familiar with various assistive devices that may be used by customers with disabilities while accessing our goods and services.

### Correspondence, Invoices and other Documentation:

The Municipality, wherever possible, is committed to providing accessible information to all of our customers.

For this reason, correspondence, invoices, reports and all other information, when possible, will be provided in the following formats if requested: large print, email and hard copy.

The Township will provide a document or information contained in a document, in a format that takes into account the customer's disability. It is the intention of the Municipality to meet with the customer requesting the information and agree upon the format to be used to provide the information.

The Township of McGarry will answer any questions regarding any information provided in person, by telephone or by email.

### Service Animals:

The Township of McGarry is committed to welcoming people with disabilities who are accompanied by a service animal in the areas of our premises that are open to the public and other parties. We will ensure that our staff, volunteers and others dealing with the public are properly trained in how to interact with people with disabilities who are accompanied by a service animal.

The Township will consider an animal to be a service animal for a person with a disability if:

- (a) it is readily apparent that the animal is used by the person for reasons relating to his or her disability;
- (b) The person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

### Support Persons:

The Township of McGarry is committed to welcoming people with disabilities who are accompanied by a support person. Any person with a disability who is accompanied by a support person will be allowed to enter the Township premises with his or her support person. At no time will a person with a disability who is accompanied by a support person be prevented from having access to his or her support person while on our premises.

A “support person” means in relation to a person with a disability, another person who accompanies him or her in order to help with communications, mobility, personal care or medical needs or with access to goods or services.

Fees will not be charged for support persons for admission to the Township of McGarry’s premises. Customers will be informed of this by notice posted at the premises.

### Notice of Temporary Disruption:

The Township of McGarry will provide customers with notice in the event of a planned or unexpected disruption in the facilities or services usually used by people with disabilities. This notice will include information about the reason for the disruption, its anticipated duration, and a description of alternative facilities or services, if available. Such notice may be given by posting the information at all public entrances and service counters in the premises.

### Feedback Process

The goal of the Township of McGarry is to meet and surpass customer expectations while serving all people, including those with disabilities. Comments regarding how well those expectations are being met are welcome.

Feedback regarding the way the Township of McGarry provides goods and services to people with disabilities can be made by completing the Accessible Customer Service Feedback Form, by mail, by email, placed in our suggestion box or verbally. All feedback should be directed to:

Gary Cunnington

Clerk-Treasurer

P.O. Box 99

Virginiatown, Ont. P0K 1X0

Phone 705 634-2145, Fax 705 634-2700, email [treasure@ntl.sympatico.ca](mailto:treasure@ntl.sympatico.ca)

NOTICE  
DISRUPTION IN SERVICE

There will be a scheduled service disruption at the \_\_\_\_\_  
\_\_\_\_\_. The details of the service disruption are:

DATE:

TYPE OF DISRUPTION:

REASON FOR DISRUPTION:

DURATION OF DISRUPTION:

ALTERNATIVE FACILITIES OR SERVICE (IF AVAILABLE)

On behalf of the Township of McGarry we would like to express our gratitude for your patience in this matter as we continue to work to serve you better. We apologize for any inconvenience this may cause you. If you have any questions or concerns, please feel free to contact us at 705 634-2145

Gary Cunnington, Clerk-Treasurer

ACCESSIBLE CUSTOMER SERVICE FEEDBACK FORM

Thank you for visiting the Township of McGarry. Your feedback is important to us. We strive to improve accessibility for all of our customers to meet their needs.

Please take a few moments and share your experience with us.

Date of visit \_\_\_\_\_

Approximate time of visit \_\_\_\_\_

Department or facility visited \_\_\_\_\_

Were you satisfied with our customer service today? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you have any problem accessing our goods or services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain:

What, in your opinion can we do to resolve this problem?

May we contact you for additional information? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide your name address and telephone number

In order for us to solve this problem efficiently and help us serve you and others better please complete the following

Do you currently have a disability YES \_\_\_\_\_ No \_\_\_\_\_

Please circle your approximate age grouping

Less than 19 20-29 30-39 40-49 50-59 60-69 over 70

I agree to allow the Township of McGarry to use the information collected on this form

Name:

Signature:

Date:

For Office Use: Feedback form # \_\_\_\_\_

**RESPONDING TO CLIENT/CUSTOMER FEEDBACK**

Reference # \_\_\_\_\_

Date: \_\_\_\_\_

Your Name \_\_\_\_\_

Department \_\_\_\_\_

Date feedback received:

Name of client/customer (if known)

Contact information (if given)

Details of feedback:

Recommendation or action to be taken:

Date to be completed:

Has the client/customer been contacted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the outcome:

Any Additional Comments: