



ACCESSIBILITY FEEDBACK FORM

Form: HSF-016

Date: Apr 10, 2026

Rev: 01

1. What do you want to Provide Feedback on? (required)

| | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Accessibility Barrier |
| <input type="checkbox"/> | Accessibility Plan |
| <input type="checkbox"/> | Other |

2. Select all the areas that are relevant to your comments

| | |
|--------------------------|---|
| <input type="checkbox"/> | Physical Environment (door know, ramp, elevator, etc.) |
| <input type="checkbox"/> | Employment (recruitment processes, etc.) |
| <input type="checkbox"/> | Technology (website, software applications, etc.) |
| <input type="checkbox"/> | Attitude (biases, micro aggressions, related to my mental health, etc.) |
| <input type="checkbox"/> | Information and Communication (forms, plain language, bilingualism, etc.) |
| <input type="checkbox"/> | System Exclusion (events, policies, procedures, etc.) |
| <input type="checkbox"/> | Procurement (bidding for contracts, etc.) |
| <input type="checkbox"/> | Other Area (describe the other area you want to provide feedback on) |

3. Describe the issue and provide comments. (required)

Do Not Include Information that could identify a person

4. Do you want us to contact you about your feedback? (required)

| | |
|--------------------------|---|
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes, by email. Please provide email address |
| <input type="checkbox"/> | Yes, by phone. Please provide phone number |