



PEOPLE WITH DISABILITIES CITIZEN SURVEY

PURPOSE

Under Title II of the Americans With Disabilities Act (ADA), state and local governments cannot discriminate against or exclude people with disabilities from their services or programs. The City of Dover is providing this survey to make sure we are following ADA guidelines. If you are a person with a disability or have had experience with disabled persons, we would appreciate your completing **both sides** of this survey and returning it with your utility bill. **If you need assistance in completing this form, please contact the City Manager's Office at (302) 736-7005.** If you would like more information about the ADA, the toll-free number is 1-800-514-0301 (voice) or 1-800-514-0383 (TDD). You can also visit the ADA Web site at www.usdoj.gov/crt/ada.

SECTION A – Personal Data: (OPTIONAL)

Name: _____ Phone: _____

Address: _____ E-mail address: _____

SECTION B – Completion of this section will allow us to know the needs of those with disabilities who use or wish to use our facilities. Please feel free to use additional sheets if necessary.

1. My specific disability is: (OPTIONAL)

2. The following City activities, facilities, and/or services are accessible or available to me:
(Please check all that apply and add any other if necessary.)

Applying for a job Using a park Attending a meeting at City Hall
 Using the library Paying a bill Obtaining a license or permit
 Other (please list)

3. The following City activities, facilities, and/or services are not accessible or available to me:

Applying for a job Using a park Attending a meeting at City Hall
 Using the library Paying a bill Obtaining a license or permit
 Other (please list)

4. What other activities would you participate in if proper accommodations were provided?

5. The following accommodations will help me gain equal participation in the activities and services provided: (Please describe the type of accommodations and how they will assist you.)

6. Have you had any difficulty traveling on City streets or sidewalks to get to a facility? If the answer is "yes" and you can remember the particular locations, please list them.

SECTION C – Completion of this section will help us determine the satisfaction level of our disabled citizens with City employees. If you have interacted with our staff, e.g., paying a bill, applying for a job, calling for service, etc. we would like to know how you were treated. Please place an "X" in the area that most reflects your opinion. IF YOU HAVE HAD NO EXPERIENCE WITH OUR STAFF, PLEASE SKIP THIS SECTION.

Category	Poor	Good	Excellent
Overall experience			
Understands my needs and requirements			
Accessible to customers and responsive to special requests or problems			
Provides effective support and guidance			
Facilitates problem resolution			
Professional and knowledgeable staff			
Courteous and helpful staff			
Usefulness of Web site			

Please include any additional comments you wish to make about assistance provided by our staff relating to your disability:

The ADA Title II Action Guide for State and Local Governments; the City of Sacramento, Summary of Self Evaluation (Service Recipient Accommodation Request Form); and the 2001 BAS Customer Satisfaction Survey – Americans With Disabilities Act Office were used to create this questionnaire.