



## Survey for City of West Sacramento Program and Facility Users

The City is seeking input from agencies, organizations and individuals with disabilities to help the City enhance accessibility to its facilities, programs, services and events.

First Name (Optional)

Last Name (Optional)

Date (Optional)

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Address (Optional)

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Phone (Optional)

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E-mail address (Optional)

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Name of City of West Sacramento facility or location, or type of program or service for which you are providing input

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1. What is your relationship to the City of West Sacramento? (check all that apply)

Resident

Employee

Visitor

Participant of a Program, Service or Activity

Contractor

Other

If other please describe.

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2. Check all programs, service or activities in which you participate at the facility, site or location.

Classes

Seminars

Recreation

Work (Volunteer)

Meetings

Work (Employee)

Sporting Events

Other

If other please describe.

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3. Do you know who to contact if you need assistance, have a concern or complaint, or need an accommodation to access a facility, service or event?

Yes

No

If yes, who would you contact?

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4. Have you ever requested an accommodation for a disability from the City of West Sacramento?

- Yes
- No
- Not Applicable
- Don't Know

5. If an accommodation was requested, was your accommodation made by the City of West Sacramento?

- Yes
- No
- Not Applicable
- Don't Know

If yes, what accommodations were made? If no, were you given a reason why it was not provided?

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6. Have you experienced any barriers, nonaccessible areas, or nonaccessible programs? (Examples: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, need for assistive listening device, large print, etc.)

- Yes
- No
- Not Applicable
- Don't Know

If yes, please describe.

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7. Have you attended any special events in the City?

- Yes
- No

If yes, did you encounter any barriers to accessibility?

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8. Is accessible seating provided for individuals with disabilities at meetings, classes, programs, etc. held at the facility?

- Yes
- No
- Not Applicable
- Don't Know

If no, please describe.

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9. Are you aware of any programs, service or activities that are not accessible to individuals with disabilities?

- Yes
- No
- Not Applicable
- Don't Know

If yes, please describe.

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10. Are you aware of any areas or elements of the facility that are not accessible to individuals with disabilities?

- Yes
- No
- Not Applicable
- Don't Know

If yes, please describe.

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11. Is information provided regarding accommodations, auxiliary aids (such as assistive listening systems, interpreters, alternate formats, specialized equipment, or assisted services, etc.?)

- Yes
- No
- Not Applicable
- Don't Know

Please describe.

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12. Is there adequate directional and informational signage provided at the facility?

- Yes
- No
- Not Applicable
- Don't Know

If no, please describe.

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13. If you have requested auxiliary aids, an interpreter or specialized equipment, was your request accommodated?

- Yes
- No

Not Applicable

Don't Know

If no, please describe.

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14. Has the attitude of the staff of the City of West Sacramento towards you or someone you know with a disability been generally helpful, supportive, positive and proactive in solving accessibility issues?

Yes

No

Not Applicable

Don't Know

Please describe.

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15. Other comments:

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16. What do you feel is the highest priority for accessibility in the City of West Sacramento Accessibility Plan?

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Additional copies of the survey, in hard copy or electronic format, can be obtained from the Capital Projects Department by calling 916-617-4980 or by sending an email request to [ada@cityofwestsacramento.org](mailto:ada@cityofwestsacramento.org).

Please return this survey to:

ADA Coordinator, Capital Projects Department

1110 West Capitol Avenue, First Floor

West Sacramento, CA 95691

By email to: [ada@cityofwestsacramento.org](mailto:ada@cityofwestsacramento.org)

Thank you for your input!