

## Accessible Customer Service Procedure

**Subject:** Identifying Barriers

This Procedure supports:

**Policy:** Accessibility Policy #3012

**Objective:** Employee Training

**Issued by:** Brian Kayes, Accessibility Coordinator

**Developed by:** Accessibility Working Group

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**Revised by:** New

**Revision dates:** New

The City of Brandon Accessibility Committee is working to remove barriers. Employee participation is required in order to identify barriers in a timely manner. Our goal is to deal with a situation before it becomes a barrier for a customer. The following outlines the procedure for an employee to provide notice of barriers, or potential barriers:

1. Fill out the attached checklist (available on the Intranet under Corporate Documents and Procedures)
2. Completed checklists may be emailed to [acs@brandon.ca](mailto:acs@brandon.ca) or forwarded through the intercity mail to Accessible City Services.
3. The information provided will be made available to the Accessibility Coordinator and the barrier will be reviewed.

By working together, we can create a barrier-free City of Brandon for people of all abilities.

Please Note: If this is an Accessibility Device which is currently out of service, report the issue immediately to Accessible City Services at [acs@brandon.ca](mailto:acs@brandon.ca) or 729-2186.

# Checklist for Identifying Barriers

Please Note: If this is an Accessibility Device which is currently out of service, report the issue immediately to Accessible City Services at [acs@brandon.ca](mailto:acs@brandon.ca) or 729-2186.

<b>What type of barrier is this? (checkmark one or more please)</b>	<input type="checkbox"/>	<b>Physical</b> (e.g. A door knob that cannot be operated by a person with limited upper-body mobility and strength; potted plants in areas that obstruct paths for people who are visually impaired)
	<input type="checkbox"/>	<b>Architectural</b> (e.g. A hallway or door that is too narrow for a wheelchair or scooter)
	<input type="checkbox"/>	<b>Informational</b> (e.g. Typefaces that are too small to be read by a person with low-vision)
	<input type="checkbox"/>	<b>Communicational</b> (e.g. An employee who talks loudly when addressing a deaf person)
	<input type="checkbox"/>	<b>Attitudinal</b> (e.g. An employee who ignores a customer in a wheelchair)
	<input type="checkbox"/>	<b>Technological</b> (e.g. A paper tray on a laser printer that requires two strong hands to open)
	<input type="checkbox"/>	<b>Policy or Practice</b> (e.g. A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly)
	<input type="checkbox"/>	<b>Other</b>
<b>Describe the barrier.</b>		
<b>If you had to prioritize this barrier for resolution, where would you place it?</b>	<input type="checkbox"/>	<b>High Priority (Daily/Weekly Occurrence with high impact)</b>
	<input type="checkbox"/>	<b>Medium Priority (Monthly Occurrence)</b>
	<input type="checkbox"/>	<b>Low Priority (Annual Occurrence)</b>

<b>Who is responsible? If possible, please identify the Department and/or Departments in which you noticed the barrier.</b>	
<b>If possible, please recommend a solution(s) regarding the best means to remove this barrier.</b>	
<b>Submitted by:</b>	
<b>Date Submitted:</b>	
<b>Received by:</b>	
<b>Date Received</b>	
<b>Issue Resolution:</b>	