

Accessibility Feedback Form

Waypoint Centre for Mental Health Care is committed to improving accessibility and to reducing stigma associated with all disabilities.

In support of this, the Waypoint Accessibility Committee seeks ongoing input to assist in the identification, removal, and prevention of barriers faced by people with disabilities.

Waypoint is seeking feedback from patients, staff, volunteers, and visitors about the accessibility of Waypoint programs, services and facilities.

Ρle	ease ta	ake a few m	nomer	nts to answer the fo	ollowing ques	tions:		
1.	I am a	a: Pat	tient	Staff	Volunteer	Visitor		
		Oth	ner					
2.	Have you, or someone you know, experienced difficulties relating to accessibility while at any of our sites or using any of our services or programs?							
		Yes	No	Not Sure				
3.	If yes, please select all the barriers that apply:							
		Physical		Architectural	Communication/Information		Technological	
		Attitudinal		Policy/Practice	Other			
4. If you checked on one or more above, please describe the situation faced at the time of the vis								
5. How can we improve accessibility?								
Op	otional	Information	on:					
May we contact you about your feedback? Yes No								
lf y	es, ple	ease provid	le you	ır contact informati	on:			
Name:					Ph	Phone # (daytime):		
Ci	ty of R	esidence:						
En	nail:							
All pro	feedb	ack will be This proce	docur ss is o	championed by the	sed as part of Facilities Co	feedback form: the hospital's contin mmittee with consult	tation/support from	

Thank you for your comments. Your time and participation in the process is greatly appreciated.

Please fax your completed feedback form to 705-549-3446, email to or mail to:

Communications and Fund Development Office Waypoint Centre for Mental Health Care 500 Church Street Penetanguishene, ON L9M 1G3

requested, the hospital will respond within five working days.