



# The Corporation of the Township of Alberton

## CORPORATE POLICY

POLICY NAME:

ACCESSIBLE CUSTOMER  
SERVICE POLICY

COUNCIL APPROVAL:

DATE OF ADOPTION: September 9, 2009  
RESOLUTION: #2009- 177

1. **Purpose/Application:**

The purpose of this Policy is to recognize the Township's obligation to facilitate the implementation of the *Accessibility for Ontarians With Disabilities Act, 2005 (AODA)*, and regulations pursuant to the Act.

2. **Implementation:**

The Township of Alberton will provide goods and services to people with disabilities, with particular consideration to the following areas:

(a) ***Guide Dogs, Service Animals:***

If a person with a disability is accompanied by a guide dog or other service animal, the Township will permit the person to enter municipal premises with the animal and keep it with him or her, unless the animal is otherwise excluded by law from the premises.

(b) ***Support Persons:***

If a person with a disability is accompanied by a support person, they are permitted to enter the premises together and are not prevented from having access to each other while on the premises. The Township may require a person with a disability to be accompanied by a support person while on its premises, but only if a support person is necessary to protect the health or safety of the person with a disability or to protect the health or safety of others on the premises. Where fees for goods and services are advertised or promoted by the Township, it will provide advance notice of the amount payable, if any, in respect of the support person.

(c) ***Disruption of Services:***

If there is a temporary disruption in a particular facility or service used to allow a person with a disability to access goods or services, the Township will give notice of the disruption to the public.

(d) ***Feedback Process:***

The Township will use the form attached as Schedule "A" hereto to allow the public to provide feedback on the accessibility of the provision of goods and services.

(e) *Assistive Devices:*

If a person with a disability requires assistive devices to access goods or services of the City, they are allowed to use such devices.

(f) *Training:*

The Township will provide training to all Township employees and volunteers who are expected to deal with the public as part of their municipal responsibilities, including those persons involved in the development and approval of customer service policies, practices and procedures. All such persons will receive Accessibility Awareness Training via the *Serve-Ability* online training provided by the Accessibility Directorate of Ontario as soon as practical after beginning their employment or after being appointed, as the case may be.

The Township will provide ongoing training with respect to changes in its policies, practices, and procedures to those individuals who require such training.

The Township will keep records of the training provided.

Agents and contractors working on various projects for the municipality and who have been approved by successful tender shall be responsible for providing their own training to meet the requirements of Ontario Regulation #429/07.

3. **Exclusion:**

This Accessibility Customer Service Policy shall not apply during any period where the Reeve, or the Reeve's designate, has declared a state of emergency as defined under *the Emergency Management and Civil Protection Act*.



# The Corporation of the Township of Alberton

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## ACCESSIBLE CUSTOMER SERVICE FEEDBACK FORM

### Regarding provision of Goods and Services to Persons with Disabilities

*Thank you for visiting the Township of Alberton. We value all of our customers and strive to meet everyone's needs.*

Please tell us the date and time of your visit: \_\_\_\_\_

Staff Member, Department or Service Location you visited: \_\_\_\_\_

Did we respond to your customer service needs today?

- YES  
 NO

Was our customer service provided to you in an accessible manner?

- YES  
 SOMEWHAT – Please explain: \_\_\_\_\_  
 NO – Please explain: \_\_\_\_\_

Did you have any problems accessing our goods and services?

- YES – Please explain: \_\_\_\_\_  
 SOMEWHAT – Please explain: \_\_\_\_\_  
 NO

Please add any other comments you may have: \_\_\_\_\_

Contact information (optional): \_\_\_\_\_