ENDVR Energy

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Accessibility Feedback Form

Personal Information (Please print).

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

What is your situation? (Check the appropriate box.)

☐ **I have a disability.**

Please identify your disability (optional): _____

☐ **I am submitting this feedback on behalf of a person with a disability.**

Relationship to the person with the disability (optional): _____

Please identify their disability (optional): _____

What is the nature of your feedback? (Check all that apply.)

☐ Service Reliability
☐ Customer Service (front-line staff, etc.)
☐ Programs
☐ Communications (website, publications, signage, TTY phones)
☐ Facilities (parking lots, internal/external physical barriers)
☐ Other: _____

Description of Feedback:

Suggestions for Improvement/Resolution:

Date: _____ Signature: _____

Thank you for your feedback. This form will be forwarded to the Coordinator of Accessibility & Special Needs for follow-up.

Personal information on this form is being collected and will be used to ensure all goods and services offered by ENDVR Energy are provided in an inclusive and accessible manner.