



VOTING PLACE ACCESSIBILITY FEEDBACK FORM

3021
(12/12)

PLEASE PRINT IN BLOCK LETTERS

ELECTIONS BC
A non-partisan Office of the Legislature

CONTACT INFORMATION (IF YOU WISH TO BE ANONYMOUS, LEAVE THIS SECTION BLANK)	
NAME	
PHONE NUMBER	EMAIL

Would you like Elections BC to follow up with you about your feedback? Yes No

VOTING PLACE INFORMATION
ELECTORAL DISTRICT
VOTING PLACE LOCATION
DATE AND TIME YOU ATTENDED THE VOTING PLACE

VOTING PLACE FEEDBACK	
Were you able to vote independently and privately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you vote at your assigned voting place (the advance or general voting place listed on your yellow Where to Vote card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you voted at a voting place other than your assigned one, was that because your assigned voting place was inaccessible to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you were unable to enter a voting place, did an election official offer to send a Voting Officer and Voting Clerk to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At the voting place, were you satisfied with the accessibility of the following?	
Disabled parking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior walkways, ramps, entrances, doors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interior routes and the voting area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Washroom	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did our signage assist you in locating an accessible entrance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you use any of the following tools?	
Braille List of Candidates	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plastic template to help you mark your ballot	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enlarged poster of the ballot	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide other feedback about your experience or how we could improve our services to voters with disabilities.	

RESERVED FOR INTERNAL USE ONLY

NAME OF ELECTION OFFICIAL RECEIVING FEEDBACK	PRINTED NAME OF DISTRICT ELECTORAL OFFICER
TITLE OF ELECTION OFFICIAL RECEIVING FEEDBACK	DATE INFORMATION REVIEWED (YYYY/MM/DD)
	SIGNATURE OF DISTRICT ELECTORAL OFFICER

WHITE VOTER COPY - KEEP FOR YOUR RECORDS
 PINK DEO COPY - KEEP FOR YOUR RECORDS
 CANARY HEADQUARTERS COPY - KEEP FOR YOUR RECORDS

INSTRUCTIONS

Your feedback is important to us, and we want to hear and learn from you. Elections BC is committed to making your voting experience as accessible and positive as possible so that you can focus on casting your ballot.

You can share your feedback in the following ways:

IN PERSON

You may submit this form to an election official at any advance or general voting place, or at the District Electoral Office. An official can also respond to questions, assist you in completing the form, or receive your verbal feedback.

BY EMAIL

Email your feedback to electionsbc@elections.bc.ca

BY MAIL

Elections British Columbia
Attention: Electoral Operations
PO Box 9275 Stn Prov Govt
Victoria, BC V8W 9J6

BY PHONE

1-800-661-8683

BY FAX

Attention: Electoral Operations
1-866-466-0665

BY TTY

Attention: Electoral Operations
1-888-456-5448

If you have indicated on the form that you would like Elections BC to follow up with you, and you have included your contact information, we will get back to you within 20 working days.

We are committed to improving our services to British Columbian voters. Thank you for taking the time to help us better respond to your needs.