



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

ADA Self Evaluation Questionnaire

1. The Impairment Involved (optional; disclosure will help us better serve this impairment)
2. Have you experienced inaccessibility regarding the Department of Revenue Services programs, services, or activities? Yes No
If yes, please name the specific program(s), service(s), or activity(s)
3. Please describe how the program, service or activity mentioned above was inaccessible or the difficulty you experienced in accessibility.
4. How do you think we can make the program, service, or activity more accessible? Please provide any suggestions you may have.
5. Do you have any other comments? Please provide.
6. May we contact you if we have questions? Yes No

If yes, please provide your contact information:

Name: _____

Address: _____

Phone: _____ Email: _____

Questions?

Please Contact:

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Thank You for Your Comments!