

2.1B Barrier Identification Form

The purpose of this form is to identify potential barriers to accessing goods and/or services at Sensity locations. Please use the space below to provide as much information as possible about potential barriers.

Date: _

Name (First and Last):

Phone Number/Email:

Location:

Brief Description: Include in your description: (1) the specific location of the barrier; and (2) the inaccessible service, for example, the elevator not working.

Please forward the completed form the attention of Human Resources by e-mail to aac@sensity.ca, by fax to 519-442-1871 or by mail or in person to 50 Main Street, Paris, Ontario, N3L 2E2

OFFICE USE ONLY:

Date Received:

Was there a Barrier Identified? YES NO

Is the Barrier Identified AODA related? YES NO

Response to the Individual who submitted the form? YES NO

Date of response:

Action Taken:

Reviewer Name (First and Last):

Department:

Signature: