



CITY OF BUFFALO



AMERICANS WITH DISABILITY ACT  
SELF EVALUATION SURVEY FOR  
CITIZENS

This survey is part of the City of Buffalo's self evaluation of City of Buffalo programs, services, and activities. The City of Buffalo is asking for your input in a continuing effort to improve the quality of life for all city residents.

INSTRUCTIONS: Please complete this survey in black or blue ink and return the completed survey to: Melissa L. Hoffman, ADA Coordinator, Department of Law, 1100 City Hall, Buffalo, New York 14202. Should you require the survey in an alternate format, please call (716) 851-4342.

This survey was developed to determine how the general public perceives the City of Buffalo's ability to provide services and accommodations to individuals with disabilities. We are requesting input regarding how City of Buffalo programs, services, activities, and facilities can be more accessible for individuals with disabilities.

NAME OF PERSON COMPLETING SURVEY:
ADDRESS:
TELEPHONE NUMBER:
NAME OF THE CITY OF BUFFALO PROGRAM, ACTIVITY, SERVICE, OR FACILITY THAT YOU ARE PROVIDING INPUT ON:

- What is your connection with the City of Buffalo? (Please circle all that apply.)
 

Resident	Participant of a Program, Service, or Activity	Employee
Visitor	Contractor	Other: _____
- Have you ever requested an accommodation for a disability from the City of Buffalo? YES NO  
If YES, please explain in detail including the type of accommodation and if it was provided.

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3. Have you ever experienced any exterior barriers, non-accessible areas, or non-accessible programs? (For example no handicapped parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, etc.) YES NO  
If YES, please explain in detail including the name of the facility, address, and date of occurrence.

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4. Have you ever experienced any interior barriers, non-accessible areas, or non-accessible programs? For example no elevators, narrow doorways, protruding objects in the hallways, lack of assistive devices upon request, missing or inappropriate signage, etc. YES NO  
If YES, please explain in detail including the name of the facility, address, and date of occurrence.

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5. Is accessible seating available to individuals with disabilities? YES NO  
If NO please describe. \_\_\_\_\_

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6. Is information provided regarding accommodations, auxiliary aids, alternate formats, specialized equipment, or assisted services? YES NO

7. Are you aware of any programs, services, activities, or facilities that are not accessible to individuals with disabilities? YES NO  
If YES, please describe in detail including address. \_\_\_\_\_

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8. What do you feel is the highest priority for the City of Buffalo to improve accessibility for individuals with disabilities?

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9. Do you have any additional comments or suggestions? Please attach an additional page if needed.

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