

Accessibility Feedback Form

Kardel's goal is to have services fully accessible and to advocate for an accessible community. It is important to report barriers that you experience as a person receiving services, as a staff member or as a family member, so that we can address the barriers, try to remove them in a timely manner or advocate for change.

- **Architectural:** A physical barrier preventing an individual from accessing services;
- **Attitudinal:** Any thoughts or approaches, that can cause an individual to feel uncomfortable or causes problems in seeking/receiving. Such "attitudes" can include, but are not limited to: insensitive language; disregarding individuals supported input; addressing stigma and preventing access to services.
- **Environmental:** A characteristic of the environment, which may compromise service delivery and the benefits of the treatment process. Such barriers can include, but are not limited to: unsafe areas; inappropriate decor.
- **Financial:** A barrier of a (primarily) monetary nature that can prevent an individual from receiving the proper services.
- **Employment:** Any barrier that exists from or is impacted by an individual's employment or lack thereof.
- **Communication:** A barrier resulting from difficulties an individual may have in expressing their needs including language preferences.
- **Transportation:** A barrier resulting an inability to reach or participate in services due to a lack of or inadequate means of transport.
- **Community Integration:** As appropriate, these barriers would interfere with an individual from returning to full participation in their community of choice.
- **Any other identified by individuals supported, employees and stakeholders:** additional issues, obstacles or needs, which may interfere with or impede access to service.

Name:

Address:

Phone Number:

Email:

Describe the barrier that you have experienced:

Suggestions: How would you like to see us address the barrier?

Email this form: officeadmin@kardel87.com

Send by Mail or in Person: #A-4 100 Aldersmith Place

Victoria, BC
V9A 7M8

This form will be sent to the Director of Programs and Quality Assurance.
They will respond as soon as possible.