

ADA Public Input Survey

The City of Carson is in the process of updating its Americans with Disabilities Act (ADA) Self-evaluation and Transition Plan. As part of this process, the City is asking for your input by completing this survey which addresses

accessibility of facilities, programs, services, activities and events offered to the public.

The purpose of this survey is to gather information on how City of Carson programs, services, activities or events are, or are not, accessible to persons with disabilities.

1.	Optional: Please complete the following:
	Name
	Email
	Phone
	☐ I wish to remain anonymous
2.	What role most adequately describes your association with the City and the representation you are providing?
	\square Member of the public with a disability
	☐ Member of the public without a disability
	\square Relative or caregiver of a person with a disability
	☐ City volunteer
	□ Other:
3.	Do you participate in programs, services, activities or events offered by the City? $\hfill\Box$ No
	□ Yes - Please list:
	□ Not applicable
4.	Do you know who to contact if you need assistance, have a concern or complaint, or need an accommodation to access a facility, service, or event?
	□ No - I do not know who to contact
	☐ Yes - Please list who you would contact:
5.	Have you ever requested an accommodation for a disability from the City? $\hfill\Box$ No
	☐ Yes - Please describe the request:

6.	Was your accommodation provided?
	□ No
	□ Yes
	$\hfill \square$ Yes, but I was unsatisfied with how the accommodation was provided - Please elaborate:
	□ Not applicable
7.	Is the attitude of City staff towards persons with disabilities generally helpful, supportive, positive, and proactive in solving accessibility issues?
	□ No - Please explain:
	□ Yes
	□ Somewhat
	□ Do not know
8.	Are you aware of any specific concerns, complaints, or problems regarding access for persons with disabilities to any of the programs, services, or activities provided by the City?
	□ No
	□ Yes - Please describe:
9.	Do you know who the designated ADA Coordinator is for the City?
	□ No
	$\ \square$ No, I have not had a need or reason to seek out this person.
	☐ Yes - Please provide the name:
10.	What do you feel should be the City's highest priority to improve accessibility for persons with disabilities? (i.e. – improvements to accessing public facilities, providing specific hearing and visual aids for events and public meetings, providing more accommodations for persons with disabilities, etc.)
Ple	ase return this survey by 8/15/2023 to:
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Roobik Galoosian, Risk Manager City of Carson 701 East Carson Street Carson, CA 90745

By email: riskmgmt@carsonca.gov (310) 830-7600

Phone:

by California Relay at 7-1-1 TDD: