

**Survey for City of Commerce, CA  
Americans with Disabilities Act (ADA)  
Program and Facility Users Survey Form**

**The City is seeking input from agencies, organizations, and individuals with disabilities to help the City enhance accessibility to its facilities, programs, services and events.**

The City of Commerce is in the process of preparing their ADA Self Evaluation and Transition Plan which is required by Americans with Disabilities Act (ADA) Title II (28 CFR §35.105(a)). Your input will assist the City in improving its ability to serve the needs of people with disabilities and their families.

Please send completed forms to **Gina Nila**

Email: **ginan@ci.commerce.ca.us**

Mail: City of Commerce Public Works  
Attn: Gina Nila  
2535 Commerce Way  
Commerce, CA 90040

Fax: (323) 888-6537

For any questions, please call: **(323) 722-4805**

Thank you for your time and consideration.

Date (Optional): \_\_\_\_\_ Email address (Optional): \_\_\_\_\_

Address (Optional): \_\_\_\_\_

Name (Optional): \_\_\_\_\_ Phone (Optional): \_\_\_\_\_

Name of Facility or type of Program or Service you are providing input: \_\_\_\_\_

1. What is your relationship to the City of Commerce?
- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Resident   | <input type="checkbox"/> Employee                                      |
| <input type="checkbox"/> Visitor    | <input type="checkbox"/> Participant of a Program, Service or Activity |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Other   |

If other, please describe:

2. Check all program, services or activities in which you participate at the facility.
- |  |   |
|--|---|
| <input type="checkbox"/> Classes         | <input type="checkbox"/> Seminars         |
| <input type="checkbox"/> Recreation      | <input type="checkbox"/> Work (Volunteer) |
| <input type="checkbox"/> Meetings        | <input type="checkbox"/> Work (Employee)  |
| <input type="checkbox"/> Sporting Events | <input type="checkbox"/> Other            |

If other, please describe:

City of Commerce ADA Program Accessibility Questionnaire

3. Do you know who to contact if you need assistance, have a concern or complaint, or need an accommodation to access a facility, program, service or event:  Yes  No

If yes, who would you contact?

4. Have you ever requested an accommodation for a disability from the City?  Yes  No

5. If an accommodation was requested, was your request for accommodation made by the City?  Yes  
 No  
 Don't know  
 Not Applicable

6. If an accommodation was requested, was your request for accommodation made by the City?  Yes  
 No  
 Don't know  
 Not Applicable

If yes, what accommodations were made? If no, were you given a reason why it was not provided? Please describe:

7. Have you requested auxiliary aids, an interpreter or specialized equipment?  Yes  No

If yes, what accommodations were made? If no, were you given a reason why it was not provided? Please describe:

8. Is information provided regarding accommodations, auxiliary aids (such as assistive listening systems, interpreters, alternate formats, specialized equipment, or assisted services, etc.)?  Yes  
 No  
 Don't know

Please describe:

9. Have you experienced any nonaccessible areas or programs?  Yes  No

*(Examples: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, stairs only to the facility, narrow doorways, protruding objects in the hallways, lack of assistive devices, missing or inappropriate signage, lack of interpreters, etc.)*

If yes, please describe:

City of Commerce ADA Program Accessibility Questionnaire

10. Are you aware of any areas or elements of the facility that are not accessible to individuals with disabilities?  Yes  No

If yes, please describe:

11. Are you aware of any programs, services or activities that are not accessible to individuals with disabilities?  Yes  
 No  
 Don't know

If yes, please describe:

12. Have you attended any special events at the City?  Yes  No

a. If yes, did you encounter and non accessible areas?

- Yes  
 No  
 Don't know  
 Not Applicable

If yes, please describe event attended and the non accessible area:

13. Is accessible seating provided for individuals with disabilities at meetings, classes, programs, etc. held at the facility?  Yes  
 No  
 Don't know

If no, please describe:

14. Has the attitude of the staff of the City of Commerce towards you, or someone you know with a disability, been generally helpful, supportive, positive and proactive in solving accessibility issues?  Yes  
 No  
 Don't know

Please describe:

15. What do you feel is the highest priority for accessibility in the City of Commerce?