## **Feedback Form**



## **Disability Access and Inclusion Plan**

What is your interest in our DAIP?	☐ Organisation/Service Provider	
	Person with a disability	
	☐ Carer ☐ Other	
	☐ Other	
Have you experienced any barriers to a	ccess that we have not identified in our plan?	Yes / No
If yes, situation:		
Reason for difficulty:		
Is there a strategy which you are partic	ularly improsed with?	Yes / No
is there a strategy which you are partic	ularly impressed with:	163 / 110
If yes, strategy:		
Why you believe it is a good strategy:		
Are there any additional strategies we laccess to our information, facilities or s	have not identified in our Plan which you believe will hel ervices?	p us to improve Yes / No
If yes, strategy:		
Why you believe it is a good strategy:		
If you would like a response to your fee	edback, please provide details below:	
,	,, ,	
Name:	Email:	

Please return your form to Shire of Northam Community Development Officer by email cdo@northam.wa.gov.au or by posting it to PO Box 613, Northam. To provide your feedback verbally please call Shire of Northam Community Development Officer on 9622 6100.