

Township of Armour

Municipal Accessibility Plan

Customer Service Policy

Providing Goods and Services to People With Disabilities

1. Our Mission

The mission of the Corporation of the Township of Armour is to provide quality programs and services that are accessible to all persons served by the municipality.

2. Our Commitment

In fulfilling our mission, the Corporation of the Township of Armour strives to at all times, provide goods and services in a way that respects the dignity and independence of people with disabilities. We are committed to giving people with disabilities the same opportunity to access our goods and services and allowing them to benefit from the same services, in the same place and in a similar way as other customers.

3. Providing Goods and Services to People with Disabilities

The Corporation of the Township of Armour is committed to excellence in serving all customers including people with disabilities and we will carry out our functions and responsibilities in the following areas:

3.1 Communication

We will communicate with people with disabilities in ways that take into account their disability.

We will train staff who communicate with customers on how to interact and communicate with people with various types of disabilities.

3.2 Telephone Service

The municipality will make reasonable efforts to provide accessible telephone service to our customers. We will train staff to communicate over the telephone in clear and plain language and to speak clearly and slowly. We will offer to communicate with customers by regular mail or email if telephone communications is not suitable to their needs.

3.3 Assistive Devices

We are committed to serving people with disabilities who use their own assistive devices to obtain, use or benefit from our goods and services.

3.4 Billing

We will make reasonable efforts to provide accessible invoices/tax billings to all our customers. For this reason invoices/ tax billings will be provided on request, by large and or darker print or by email. We will answer any questions customers may have about the content o the invoice/ tax bill in person, by telephone or email.

4 Use of Service Animals and Support Persons

We are committed to welcoming people with disabilities who are accompanied by a service animal (unless excluded by other law, then we will take reasonable efforts to find an alternate means of providing assistance) on the parts of our premises that are open to the public and other third parties.

We are committed to welcoming people with disabilities who are accompanied by a support person. Any person with a disability who is accompanied by a support person will be allowed to enter the Township of Armour premises with his or her support person. At no time will a person with a disability, who is accompanied by a support person be prevented from having access to his or her support person while on our premises. Fees will not be charged for support persons for admission to the Township of Armour premises for any events where a fee is required.

5 Notice of Temporary Disruption

The municipality will make reasonable efforts to provide customers with notice in the event of a planned or unexpected disruption in the facilities or services usually used by people with disabilities. This notice will include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if available. (See Schedule “A”)

6 Training of Staff

The Corporation of the Township of Armour will provide training to staff who interact with the public or other third parties on their behalf. This will involve training council, administrative, road department and landfill staff and volunteers on an annual basis, with new staff being updated with in a reasonable time period after commencement of employment.

Training will include the following:

- ▶ The purposes of the Accessibility for Ontarians with Disabilities Act, 2005 and the requirements of the customer service standard
- ▶ How to interact and communicate with people with various types of disabilities
- ▶ How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person
- ▶ What to do if a person with a disability is having difficulty in accessing the Corporation of the Township of Armour goods and services
- ▶ The Corporation of the Township of Armour policies, practices and procedures relating to the customer service standard.

Applicable staff will be trained on policies, practices and procedures that affect the way goods and services are provided to people with disabilities. Staff will also be trained on an ongoing basis when changes are made to these policies, practices and procedures.

7 Feedback Process

The Corporation of the Township of Armour welcomes feedback on our provision of services while serving customers with disabilities. Feedback may identify areas that require change and encourage continuous service improvement. (See Schedule “B”) The public can provide feedback (See Schedule “C”) to the municipality on the delivery of goods and services to persons with disabilities:

- ▶ By regular mail addressed to: Municipal Clerk Administrator
P.O. Box 533
56 Ontario Street
Burk’s Falls, ON P0A 1C0

- ▶ By telephone: 705-382-3332 or 705-382-2954

- ▶ By fax: 705-382-2068

- ▶ In person: Municipal Office
56 Ontario Street
Burk’s Falls

- ▶ By email: clerk@armourtownhsip.ca

Feedback will not be acted upon unless the person providing same includes his or her name, mailing address and daytime telephone number. The Township will make reasonable efforts to provide acknowledgement to feedback within seven business days from receipt (See Schedule “D”)

8 Modifications to this or other Policies

The Corporation of the Township of Armour is committed to developing customer service policies that respect and promote the dignity and independence of people with disabilities. Therefore no changes will be made to this policy before considering the impact on people with disabilities. The Corporation of the Township of Armour will make reasonable efforts to modify or amend any policy that does not respect and promote the dignity and independence of people with disabilities.

9 Questions About This Policy

If anyone has a question about this policy or if the purpose of the policy is not understood, an explanation should be provided by or referred to the municipal clerk's office of the Township of Armour located at 56 Ontario Street, P. O. Box 533, Burk's Falls, ON P0A 1C0 (Phone 705-382-3332)

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Schedule "A"

Document for Notification to the Public
Disruption in Service

Type of Disruption _____

Reason For Disruption _____

Duration of Disruption _____

Alternative Facilities
for Service _____

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Schedule “B”

Invitation for Comments on the Provision
of Goods and Services to People with Disabilities
and availability of the Policy.

We welcome your input and comments.
We strive to improve accessibility for our customers
with disabilities and we welcome your feedback.

This accessibility plan and customer service policy is available:

- ▶ in hard copy from the municipal office
- ▶ download from our website

You may forward your comments by mail to:

Clerk Administrator
Township of Armour
P.O. Box 533
56 Ontario Street
Burk’s Falls, ON P0A 1C0

clerk@armourtownship.ca

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Schedule "C"

Document for Obtaining Comments

Customer Comment Form

Thank you for visiting the Corporation of the Township of Armour. We value all our customers and strive to meet the needs of all. Please assist us by providing the following information:

Did we respond to your customer service needs today ?

Yes

No

Was our customer service provided to you in an accessible manner ?

Yes

Somewhat

No

Did you have any problems accessing our goods and services ?

Yes (please provide details) Somewhat (please provide details) No

Name _____

Mailing Address _____

Phone Number _____

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Schedule "D"

Document For Addressing Customer Comments

Date Comments Received: _____

Name of Customer: _____

Address: _____

Phone Number: _____

Details:

Follow-up: _____

Action: _____

Staff Member: _____ Date: _____