



Stonehenge Therapeutic Community

Accessibility Feedback Form

I want my identity kept confidential Yes No

Date:

Name:

Address:

Preferred method of communication:

Telephone Number:
Home Number:
Business Number:
Mobile Number:
Email Address:

Are you:

Client Family of a Client Staff Visitor

If you are an employee of Stonehenge Therapeutic Community please state your position and which location(s) you work at?

In your opinion how accessible is our facility?

Excellent Good Fair Needs Improvement Poor

Which location did you visit?

- Administration Building
- Century Home
- Morrow Hall
- Dougan Hall



Stonehenge Therapeutic Community

Accessibility Feedback Form

Do you have any comments you would like to share? Please use additional paper if needed to.

Did you speak to anyone about your comments or concerns? Yes No

Name of Person Spoken to: _____

Title of the Person Spoken to: _____

The response from the person spoken: _____

Do you know that Stonehenge Therapeutic Community has an Accessibility Plan? To view our plan, please visit our website www.stonehengetc.com/Contact

Thank you for completing our Feedback Form. Together, we will ensure that Stonehenge Therapeutic Community provides equitable access to all, including people with disabilities.