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POLLING PLACE ACCESSIBILITY TELL US WHAT YOU THINK

The following survey is being conducted to gather opinions on the quality and accessibility of polling places. This information will help us to determine if we are doing our best to meet the needs of and to ensure that every voter is comfortable casting their ballot in their polling place.

Please take a few minutes to complete this survey. If you would rather not provide us with your name and address, you may leave those sections blank. Please return your completed survey to the address above.

Thank you in advance for your cooperation and input.

PLEASE PRINT

(Section 1 - About you)

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Do you have a disability? _____ If yes, what type of impairment _____ (visual/hearing/mobility, etc.)

Do you normally vote in-person at your polling place or by absentee ballot? _____

What is the location of your polling place? *(please complete)* _____

(Section 2 – Entrance to your polling place)

Was there parking spaces designated for people with disabilities? _____

If yes, was there an adequate amount of accessible parking spaces? _____

Could a person who uses a wheelchair independently enter the polling place? _____

Did you have to use a separate accessible entrance to enter the polling place? _____

If yes, were signs provided directing you to the nearest accessible entrance? _____

Was the accessible entrance the same entrance used by all voters? _____

Explain any difficulty you may have had in entering your polling place. _____



(continue survey on reverse side)
EXERCISE YOUR RIGHT – VOTE !

(Section 3 – Movement within the polling place)

Was it possible for an individual with a wheelchair to access the voting area? _____

Was the path within the polling place to the voting area free of any barriers? _____

Was the voting booths and voting area set-up to allow adequate passing space? _____

Was the voting booths and voting area set-up to ensure the privacy of voters who may require assistance? _____

Did you use a Seeing Eye dog or service animal? _____ If yes, did you encounter any problems? _____

If you used a restroom, was it accessible? _____ If not, explain below.

Explain any difficulty you may have had moving within the polling place. _____

(Section 4 – Casting your vote)

Were you able to make use of the existing ballot and voting machine to vote privately and independently? _____

Was there at least one accessible voting booth set-up in your polling place? _____ If yes, did you use it? _____

If you used this booth, did it meet your needs? _____

Did you require assistance in voting? _____ If yes, did you complete an affidavit for assistance? _____

Did you bring someone to assist you or did you receive assistance from poll workers? _____

Do you believe the person(s) assisting you, cast your ballot as you instructed them? _____

Please explain any difficulty you had in casting your ballot. _____

(Section 5 – Treatment by Poll Workers)

Were you treated courteously by the Election Judges? _____

If needed, did the Election Judges assign you to the accessible voting booth? _____

If assistance was needed, did the Election Judges seem knowledgeable with the correct procedures? _____

Do you feel the Election Judges treated you fairly and equally? _____

Please list any comments you may have in regards to the poll workers. _____

Please attach a sheet for any other comments/suggestions you may have and return to:
Sangamon County Election Office, 200 S. 9th Street, Rm 105, Springfield, IL 62701.