

Polling Place Accessibility Survey

Disability Rights of West Virginia is working to improve accessibility at polling places across the state. Your feedback on the accessibility of your polling location will help us address any issues that exist. If you're willing to participate in our survey, please provide your county and polling place information. Although not required, you may also include your contact details if you choose. We appreciate your help in making voting accessible for everyone in West Virginia!

County: _____ **Polling Place:** _____

Name (optional): _____ **Phone/Email (optional):** _____

Polling Place Parking

- | | |
|--|---|
| 1. Was there at least one van accessible parking space with an access aisle? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. If "yes" to question #1, was the surface level and stable? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. If accessible parking was provided, was it located on the closest route to the building entrance? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Entrance

- | | |
|---|---|
| 1. Was there at least one accessible entrance provided? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Was there a level and stable route that connected the parking area to the accessible entrance? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Were there any obstructions on the route? (ex: fire hydrants, cracked pavement, steps with no ramp, low-hanging trees, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Voting Area

- | | |
|---|---|
| 1. After entering, was there a level and stable route to the voting area? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Was there adequate space and clearance to maneuver the voting area? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. Was there at least one accessible voting machine available? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Voting

- | | |
|--|---|
| 1. Was the check-in table on an accessible level? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Was there a sign informing you that assistance was available? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. If an accommodation was requested, was it honored appropriately? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4. If assistive technology such as a headset or remote device was requested, was it provided to you? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Were you able to cast your vote privately? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 6. Were poll workers helpful in assisting you? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 7. Did you have a positive voting experience? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

If you have additional feedback about your voting experience, please share it below.

Return the survey by:
Mail: 5088 Washington St. W, Suite 300, Charleston, WV 25313
Email: pava@drowv.org **Fax:** (304) 346-0867
Alternate Formats Available Upon Request