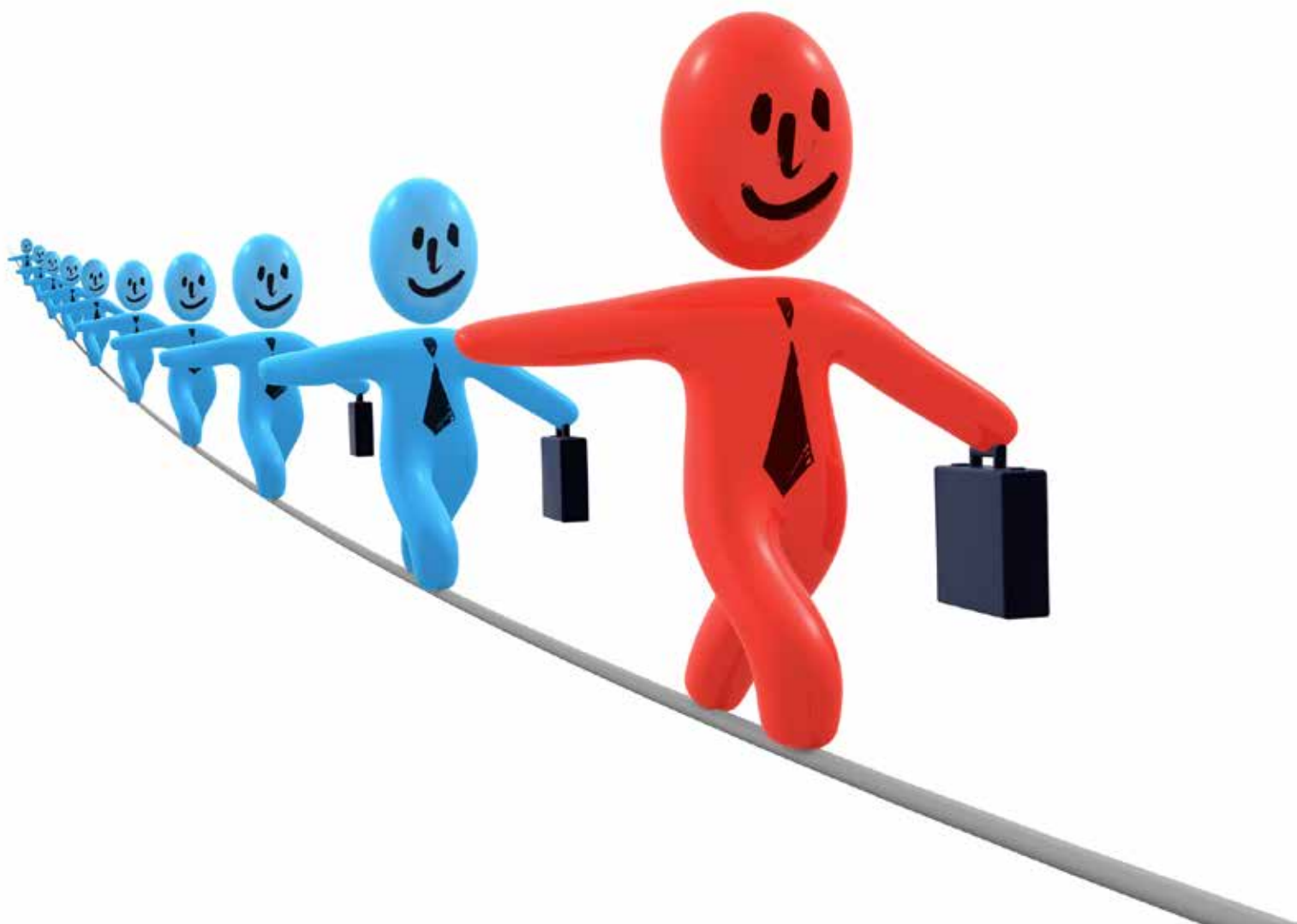




# RISK MANAGEMENT MANUAL



# DRAFT

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# RISK MANAGEMENT MANUAL

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<b>CATEGORY: DUTY OF CARE</b>	<b>LETTER TO POLICE RE VOLUNTEER SCREENING</b>	<b>Document # 2</b>
		<b>Updated on: January 1, 2014</b>

***To Whom It May Concern***

\_\_\_\_\_ has consented to release of information regarding criminal records in his/her name relating to any drug and alcohol, fraud, assault or abuse convictions to the First-St. Andrew's United Church Screening Committee. Please check this individual's record and indicate the results. Please forward the completed form below and fingerprints, if appropriate, to:

Chair of the Screening Committee  
 First-St. Andrew's United Church  
 350 Queens Ave., London, ON, N6B 1X6  
 Please mark this correspondence CONFIDENTIAL.

---

SIGNATURE	TITLE
-----------	-------

**POLICE USE ONLY - RESULTS OF RECORDS CHECK**

Results of record search is merely a record or lack of official contact with police agencies, not an affirmation of good Character.

A search of (check appropriate category):

- The Central Repository for Criminal Records of Canada
- Index of (police agency conducting check: i.e. RCMP)

In the above name and birth date shows:

- No record
- A Central Repository Record exists, has been verified by fingerprint comparison, and a copy is attached.
- A record exists on the local index, and a copy certified by the individual is attached.

---

NAME	SIGNATURE	BADGE NUMBER/ DATE (yy/mm/dd)
------	-----------	-------------------------------

**PLEASE PRINT**

DATE \_\_\_\_\_  
(DAY, MONTH, YEAR)

**A: PERSONAL INFORMATION**

NAME \_\_\_\_\_  
(LAST NAME) (FIRST NAME)

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_ BUS. NO. \_\_\_\_\_

HOME E-MAIL \_\_\_\_\_ BUS. E-MAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE \_\_\_\_\_

WHAT METHOD WOULD YOU LIKE US TO USE WHEN CONTACTING YOU?

Phone	E-mail
Home	Home
Business	Business
Cell	

**B. WORK EXPERIENCE**

YOUR PRESENT STATUS IS: Employed \_\_\_\_\_ Student \_\_\_\_\_ Retired \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

EMPLOYER/SCHOOL NAME \_\_\_\_\_ CURRENT POSITION \_\_\_\_\_

**C. INCIDENTAL INFORMATION**

HOW DID YOU LEARN ABOUT OUR VOLUNTEER PROGRAM? \_\_\_\_\_

\_\_\_\_\_



WHAT ARE YOUR SPECIAL INTERESTS? \_\_\_\_\_

---

#### **D. VOLUNTEER AGREEMENT**

This agreement forms part of your Volunteer Application Form as part of our commitment to you and yours to us.

- I understand that I will be working with others to serve a vulnerable population and that orientation to and periodic training re those needs is part of my commitment.
- I will abstain from the use alcohol or drugs while serving.
- I understand that confidentiality is key to the safety of the clients served and will not release identifying information to third parties without the expressed consent of the client.
- I understand that I am not being asked to provide counselling, medical expertise or social reorientation to the clients served but rather bring my gifts of hospitality and compassion.
- I understand that I represent the United Church of Canada and specifically First-St. Andrew's United Church while serving in this capacity and will endeavour to model its principles.
- I hereby release and discharge First-St. Andrew's United Church and the United Church of Canada, its agents, employees and governing bodies from any claims or actions which may arise as a result of my volunteer service.
- By signing below, I acknowledge that the information provided is true and accurate and that I have read, understood and will abide by the Volunteer Agreement above.
- 

\_\_\_\_\_  
(VOLUNTEER SIGNATURE)

\_\_\_\_\_  
(WITNESS SIGNATURE)

\_\_\_\_\_  
(VOLUNTEER NAME: PLEASE PRINT)

\_\_\_\_\_  
(WITNESS NAME: PLEASE PRINT)

DATE \_\_\_\_\_  
(DAY, MONTH, YEAR)

#### **E. VOLUNTEER CODE OF CONDUCT**

First-St. Andrew's United Church, as part of the United Church of Canada, is committed to maintaining its reputation for honesty, integrity and faithful discharge of public trust and confidence. Volunteers are expected to conduct themselves and the work they perform always in a manner which honours those standards. As a result, all of us agree to abide by the following Code of Conduct.

##### ***PERSONAL GAINS***

Volunteers must not use their status as a volunteer to secure personal gain including the receipt of gifts, payments, services, fees or special privileges.

## **CONFLICT OF INTEREST**

Volunteers must avoid situations in which their personal interests conflict or might conflict with duties performed in the context of their volunteer commitment. Any potential conflict of interest must be declared.

## **CONFIDENTIALITY**

At all times the privacy and dignity of clients, volunteers and staff will be respected. All reasonable care and caution must be used in protecting personal information gained during this time of service.

## **PRIVILEGED INFORMATION**

Volunteers must not use for their own purpose or financial gain, or disclose to others, any information received before, during or after their time of service in this program.

## **INTELLECTUAL PROPERTY**

Any intellectual property developed by a volunteer in the course of his/her service (guidelines, training manuals etc.) is the property of First-St. Andrew's United Church.

## **RESPECTFUL CONDUCT**

Volunteers must treat with respect all clients, staff and fellow volunteers with whom they interact in the conduct of their volunteer work. Harassment, discrimination or other behaviours which compromise the dignity and self-worth of others will not be countenanced and will be addressed promptly, in confidence, and in accordance with the policies of the United Church of Canada and the Human Rights Code.

## **F. MUTUAL PLEDGE**

As part of our "Welcoming Well" commitment at First-St. Andrew's United Church, we believe that volunteers are a valuable human resource and play an important role in striving to meet the mission of our organization.

### **We commit to our volunteers by:**

- offering a volunteer program that has adequate resources, is well managed and has the appropriate infrastructure to ensure volunteers are working in a supportive environment.
- ensuring every volunteer receives a thorough orientation and training and that at this training, the mission of the organization is clearly communicated.
- providing the necessary supervision and accessible support so that they can fulfill their commitment to the organization.
- informing them of all new programs, services and changes to policy that impact the services offered to our clients.
- providing them with a detailed, current volunteer position description that not only clearly outlines their volunteer role but also how they will give and receive feedback.
- creating an environment where there is open communication, a sense of teamwork and respect for diversity between volunteers and staff.
- providing ongoing opportunities to learn and grow which includes the opportunity to experience various

positions while they are volunteering with our organization.

- recognizing them for their contributions and accomplishments in both formal and informal ways.

As a volunteer at First-St. Andrew's United Church, you act as an ambassador of our organization.

**Because of this important role, we expect volunteers to:**

- participate in orientation, training and ongoing development opportunities.
- work within the boundaries of their volunteer position description while supporting the vision, mission and policies outlined by our organization.
- act as an ambassador of First-St. Andrew's United Church by taking ownership for actions and decisions made while volunteering.
- approach their volunteer assignment as a professional commitment.
- engage in discussions with staff in order to express their comments, suggestions or concerns.
- promote a team spirit by respecting differences in people, valuing diversity of opinion and working with others to achieve the goals of our organization.
- value the importance of providing exceptional quality service to our clients that is second-to-none by being friendly, informed and respectful in their interactions both with clients and with other volunteers.

In mutual pledge of this covenant we, together with you, commit to our service together.

Volunteer Coordinator \_\_\_\_\_  
(SIGNATURE)

Volunteer \_\_\_\_\_  
(SIGNATURE)

Date \_\_\_\_\_



<b>CATEGORY: DUTY OF CARE</b>	<b>HOSPITALITY MEAL PROTOCOL</b>	<b>Document # 4</b>
		<b>Updated on: October 11, 2011</b>

**INTRODUCTION**

Thank you for volunteering for the First-St. Andrew’s United Church Hospitality Meal Program. We are part of a city-wide group of churches which provide meals to those who need our assistance under the umbrella organization, “The Hunger Relief Action Coalition.” To qualify as a member of this group we have agreed to provide a nutritious meal free of charge, feed all who come to the meal without question and refrain from promoting religion.

**BACKGROUND INFORMATION**

- At First-St. Andrew’s there are four teams which are responsible for preparing and serving the food and cleaning up after the meal.
- Each team consists of one or two Team Leaders and approximately 15-20 team members.
- The teams rotate through a schedule which is found on our website [www.fsaunited.com](http://www.fsaunited.com) under the heading “Special Calendars” in the “Church Life” column.
- Note that there are no Hospitality Meals on statutory holidays.

**VOLUNTEER POLICIES**

- Inform your Team Leader when you are unable to volunteer so a replacement can be called. It is difficult for a team to function effectively when there are not enough volunteers.
- If you wish to bring a friend or family member with you to volunteer, please check with your team leader first. It is difficult to function effectively as a team when there are too many volunteers.
- People under the age of 18 may volunteer at the discretion of the Team Leader. Those under 16 may volunteer when accompanied by an adult.
- Be considerate and respectful to our guests. Treat each person as you would a guest in your own home.
- Volunteers who are preparing and serving food must follow the Middlesex-London Health Unit guidelines for food preparation ([SEE FSA RISK MANAGEMENT POLICY #1](#)).
- Do not allow guests to take home perishable food.

As a volunteer of the Hospital Meal Program, you are both protected by and held to account by the guidelines for the United church of Canada (see [www.united-church.ca/handbook#staff](http://www.united-church.ca/handbook#staff) specifically the United Church of Canada Sexual Abuse Prevention and Response Policy and Procedures.)

**TEAM INFORMATION**

Your are a member of Team # \_\_\_\_\_

Your Team Leader’s name(s) is/are \_\_\_\_\_

You may contact your Team Leader at \_\_\_\_\_

<b>CATEGORY: DUTY OF CARE</b>	<b>FOOD HANDLER POLICY</b>	<b>Document # 4</b>
		<b>Updated on: January 1, 2014</b>

## INTRODUCTION

Health Unit inspectors may come, unannounced, at any time, to inspect our kitchen and procedures. It is imperative that our food-handling procedures be followed consistently. Therefore:

- **All events requiring the service and/or preparation of food within First-St. Andrew's must be under the oversight of a volunteer trained in the Food Handling Course provided by the Middlesex-London Health Unit.**

## BACKGROUND

- Foodborne illness or food poisoning is caused by pathogenic bacteria. You cannot see them, smell them or taste them.
- Hazardous foods support bacterial growth well for three reasons: they contain moisture, they are protein, and are neutral in acidity (e.g., potatoes, rice, pasta)
- The danger zone (temperature range) where bacteria numbers can increase enormously is between 4 and 60 degrees C and between 40 C and 140 degrees C.

## PROTOCOL

### *A. Minimum Standards*

- There must be one person with the "Safe Food Handling" certificate from the London-Middlesex Health Unit present during the preparation, serving and cleanup of any meal event.
- Food must not sit at room temperature for longer than two hours iOnce prepared foodstuffs are to be stored at appropriate temperatures for preservation and, if fresh, disposed of within seven days.
- Prior to serving, all cooked foods must be tested to assure that safe cooking temperatures have been reached during preparation. Probe thermometers are available in the kitchen beside the oven.
- A log must be kept of the temperature checks. 165 degrees F or 74 degrees C is the minimum temperature that will kill pathogenic bacteria (particularly important for reheating leftovers). The log book is in the cupboard above the microwave.

### *B. Sanitization: Food Preparers*

- Rubber gloves are not mandatory unless you are wearing an adhesive bandage. You may, however, wear them as a preference.
- Aprons (with bibs) or chefs' coats are to be worn at all times. Preferably bring one from home. There will be extras in the kitchen but since they will be hard to keep track of and as they need to be washed, it will be difficult to keep a full supply available.
- Before working with food thoroughly wash hands and lower arms for 20-30 seconds. After washing use a hand sanitizer. Use dispensed soap rather than bar soap.
- Kitchens must have a separate "hand-washing sink." Use the washroom in the corridor on the way to the storage room. This sink meets the standards.

### *C. Sanitization: Equipment*

- Washing and sanitizing equipment is imperative. Chlorine bleach or ammonia must be used for sanitizing. Vinegar is not an acceptable sanitizer. The dishwasher uses sanitizer as part of its cycle.
- There will be a solution made up ahead of time for sanitizing counters and tables (1/4 teaspoon of bleach to 2 cups of water)
- The solution must be tested by the team leader with chlorine strips, located above the sink, to ensure its proper concentration,

#### **D. Sanitization: Dishes**

##### *Manual dishwashing*

- One sink must have the chlorine sanitizer and it should be at double strength. The process should be (1) WASH, (2) RINSE, (3) SANITIZE.
- Dishes must be washed and then rinsed under the running water in the first sink; then sanitized in the second sink and then left to drip dry.

##### *Machine Dishwashing*

- Run the dishwasher through its cycle twice at start up to be sure the wash temperature is correct.
- The handling sequence is sort, scrape, pre-rinse, then wash, rinse, sanitize and allow to air dry.
- Run utensils through the washer twice.
- Stack utensils in their racks with handles up. Clean cutlery must always be picked up by the handle
- Two people should run the dishwasher – one to load the dirty dishes and the other to handle the clean dishes. The person who handles the dirty dishes should not handle the clean dishes and vice versa.

#### **E. Sanitization: Counters and Tables**

- Wash counters and tables. Then spray the sanitizing solution over the surface – DO NOT wipe off.

#### **F. Sanitization: Cutting Boards**

- Pay close attention to the cutting boards and how they are to be sanitized. Cutting boards are to be kept in their own storage cupboards, not stored on the counter beside the microwave.

#### **G. Allergies**

- If a guest has an adverse reaction (such as an allergic reaction) to a food we have already served, call an ambulance immediately.
- If guests ask regarding ingredients of a dish, (where possible) show the list of ingredients and let them decide if they are allergic. Note: not all ingredients are specific, i.e., “spices” may contain MSG as one of the ingredients.
- When not sure of ingredients – advise the guest not to eat the item.

#### **H. Personnel Sickness**

- Food volunteers have a responsibility to call in sick if unwell.
- Food volunteers must be symptom free for at least 48 hours before returning to a food handling assignment.

<b>CATEGORY: MONEY HANDLING</b>	<b>LOOSE MONEY PROTOCOL</b>	<b>Document # 6</b>
		<b>Updated on: January 1, 2014</b>

## **BACKGROUND**

This protocol provides a consistent procedure for the collection, counting and accounting of money for FSA activities, including off-hours and/or off-premises events such as concerts, CD sales, fund raising activities, to protect the individuals charged with the collection of money against the possibility of theft or loss and liability.

## **POLICY**

1. All money collected on behalf of FSA, such as weekly offerings, UCW unit donations, event ticket sales, free-will offerings, concerts, etc. must remain in the building until processed by the Church Administrator.
2. After collection all money must be sealed in deposit envelopes (available from the church office) with the following information printed on the outside of the envelope:
  - name of event,
  - time and date of event,
  - name of depositor
  - date and time of deposit to administrator or to church office
3. If the money is collected during normal business hours, the money envelope must be given directly to the Church Administrator.
4. When the Church Administrator is not immediately available to receive the money,
  - the money envelope must be dropped through the mail slot of the Reception Office, which is a secure alarmed environment.
  - upon retrieval by a staff person, the envelope must be locked in the safe until it can be handed off to the Church Administrator for counting and deposit.
5. If the funds have been collected off-site, procedure 3 or 4 must be followed within 24 hours of the event,
6. The Church Administrator must follow normal procedures for handling funds and deposits when handling all money collected from church events.
  - If the money is collected to benefit a particular program or area of church business, the Church Administrator will oversee the appropriate accounting entries and deposits.
  - If the money is collected for the purpose of distributing to charities outside of FSA, the Church Administrator will ensure the deposit and issue a cheque.

<b>CATEGORY: ABUSE</b>	<b>RESPONSE PROTOCOL</b>	<b>Document # 7</b>
		<b>Updated on: January 1, 2014</b>

**BACKGROUND**

- Our UCC Creed affirms our call in leadership, lay or ordained, paid or volunteer to seek justice and resist evil in all of its forms including that of sexual exploitation.
- Informed consent re any degree of sexual interaction can only be seen to have been given between persons who operate from an equal power base. Persons in positions of authority or vested trust operate from a position of greater power than those for whom they have authority.

**POLICY**

When dealing with alleged abuse First-St. Andrew’s will follow the Sexual Abuse Prevention and Response Policy and Procedures (April 2011) of The United Church of Canada.

1. Whenever there is a perception that vested power has been experienced as exploitive, the United Church of Canada seeks to ensure that the voices of both the complainant and of the alleged respondent are listened to and heard and that pastoral care is extended.
  - A thorough investigation must follow any credible complaint of misuse of authority for sexual purposes, including interviews of both complainant and respondent(s) and the issue of recommendations for both healing and future prevention. (Specific steps are outlined in the United Church Manual (2013))
  - All records must be kept in strictest confidence by those charged with investigating complaints and issuing recommendations.
2. Volunteers as well as paid staff must ensure that they are aware of this policy and take conscious steps to ensure the safety of both those whom they serve and of themselves in all interpersonal initiatives.

<b>CATEGORY: CONSENT</b>	<b>RE: MINORS' ACTIVITIES</b>	<b>Document # 8</b>
		<b>Updated on: January 1, 2014</b>

**PLEASE PRINT**

Description of Activity \_\_\_\_\_

Date of Activity \_\_\_\_\_

Time of Activity \_\_\_\_\_

Place of Activity \_\_\_\_\_

Name of Person in Charge of Activity \_\_\_\_\_

Additional Adult Attendees \_\_\_\_\_

Name(s) of Child(ren) \_\_\_\_\_

\_\_\_\_\_

Allergies, Medications or other Special Needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE (of parent or legal guardian)

DATE

PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

**NOTE:**

- Transportation to and from this event is the responsibility of parents/guardians.
- This information will be kept on file in a secure location in the church office. If necessary, it may be used for future reference.

<b>CATEGORY: INCIDENTS</b>	<b>DOCUMENTATION</b>	<b>Document # 9</b>
		<b>Updated on: January 1, 2014</b>

**PLEASE PRINT**

Name of Group or Organization \_\_\_\_\_

Date of Incident \_\_\_\_\_

Time of Incident \_\_\_\_\_

Place of Incident \_\_\_\_\_

People Involved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken/Future Plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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SIGNATURE

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DATE

This information will be kept on file in a secure location in the church office. If necessary, it may be used for future reference.

Blank forms are available in a labelled binder in the church office.



<b>CATEGORY: CONFIDENTIALITY</b>	<b>RE: SEARCH COM- MITTEE MEMBERS</b>	<b>Document # 10</b>
		<b>Updated on: January 1, 2014</b>

I, \_\_\_\_\_ (PRINT NAME), agree that I will keep confidential any personal information about candidates which comes to me as a result of carrying out my responsibilities **as a member of a First-St. Andrew's United Church Screening/Selection/Hiring Committee**. I will not discuss with anyone, beyond the bounds of the committee and its mandate, reasons for rejecting any candidate based on screening criteria.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINT WITNESS NAME) (WITNESS SIGNATURE)

\_\_\_\_\_  
(PRINT DATE)

<b>CATEGORY: ACCIDENTS</b>	<b>DOCUMENTATION</b>	<b>Document # 11</b>
		<b>Updated on: January 1, 2014</b>

**PLEASE PRINT**

Injured person's name \_\_\_\_\_ Age(if minor) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Date and Time Injury **Reported** \_\_\_\_\_

Person(s) Notified? \_\_\_\_\_

Name(s) of Witness(es) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of how and where the injury occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Part of the body injured \_\_\_\_\_

Detailed description of the injuries \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Time that medical attention was sought \_\_\_\_\_

Name of attending doctor and/or hospital: \_\_\_\_\_

Suggestions to prevent future injuries of this type \_\_\_\_\_

(In the case of minors) Parent(s)/Guardian(s) have been notified: Yes \_\_\_\_\_ No \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER OR STAFF

\_\_\_\_\_  
DATE

\_\_\_\_\_  
VOLUNTEER/STAFF NAME (PRINT)

Follow-up action(s) taken \_\_\_\_\_

Note

- This information will be kept on file in a secure location in the Church office. If necessary, it may be used for future reference.
- Blank forms are available in a labelled binder in the church office.

<b>CATEGORY: ACCESSIBILITY</b>	<b>ACCESSIBILITY POLICY</b>	<b>Document # 12</b>
		<b>NEW: JANUARY 1, 2014</b>

## **BACKGROUND**

First-St. Andrew's United Church is committed to meeting the accessibility principles of dignity, independence, integration and equality of opportunity for all persons with disabilities who are identified in the "Accessibility for Ontarians with Disabilities Act, 2005 (AODA). In so doing, it will endeavour to ensure that its policies and decisions meet the following standards as outlined in the act.

## **STANDARDS**

### ***Training of Staff and Relevant Persons***

- FSA will provide training to all relevant parties providing services to the public on policies, practices and procedures that affect the provision of services to, or employment of, people with disabilities. Training will include information about the Human Rights Code as it applies to persons with disabilities.
- Training will also be provided when changes are made to the church's polices, practices and procedures.

### ***Services***

- FSA will communicate with people with disabilities in ways that take into account their disability.
- FSA will welcome people with disabilities who use assistive devices.
- FSA will welcome people with disabilities who are accompanied by a service animal to church sites open to the public.
- FSA will welcome people with disabilities who are accompanied by a support person and will not prevent a support person from having the same access to a workplace site as the person being supported.
- FSA will provide a notice of temporary disruption in the event of a planned or unexpected disruption in the facilities or services usually used by people with disabilities.
- FSA will welcome feedback from customers with disabilities regarding how well it is meeting expectations. It will respond to any complaints in a timely way. (See document # 12)
- FSA will identify and regularly review its policies that may have an impact on persons with disabilities, and will consider the impact of policy revisions for persons with disabilities.

### ***Employment***

- FSA will provide employees with disabilities with emergency response information that is tailored to the employee's needs, upon request.

### ***Information and Communication***

- Emergency procedures, plans or public safety information provided by FSA to the public shall also be provided in an accessible format with appropriate communication support as soon as practicable, upon request
- FSA will develop processes for obtaining feedback regarding information and communications that will be accessible to persons with disabilities.

<b>CATEGORY: ACCESSIBILITY</b>	<b>ACCESSIBILITY FEEDBACK FORM</b>	<b>Document # 13</b>
		<b>NEW: JANUARY 1, 2014</b>

**BACKGROUND**

First-St. Andrew’s United Church recognizes that receiving feedback provides a valuable opportunity to learn and improve. We are committed to addressing the accessibility needs of persons with disabilities.

Every person has the right to make a complaint, offer a suggestion or compliment us on the way we provide goods or services to people with disabilities. If you wish assistance to provide feedback, please ask a staff member to assist you. Thank you for sharing your experience.

**FEEDBACK**

DATE AND TIME OF YOUR VISIT TO FSA \_\_\_\_\_

COMPLAINT, SUGGESTION OR COMPLIMENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(You may also use the back of this page if necessary)

Optional Information (complete only if you wish to be contacted)

NAME \_\_\_\_\_

PREFERRED CONTACT METHOD (PHONE NUMBER, OR EMAIL ADDRESS) \_\_\_\_\_











