



Alternate Formats Available
1-800-422-6691

Polling Place Survey

This survey is designed to test polling place accessibility in the State of Nebraska. Please complete the survey to the best of your ability and return by mail, E-mail, or fax listed below.

Voter Name (optional): _____ Polling Site: _____

Phone/E-mail (optional): _____ City/County: _____

Polling Place Parking

Circle One – if no, please explain

- | | | | |
|--|-----|----|-----|
| 1. Was there at least 1 accessible parking space for every 25 spaces? | Yes | No | N/A |
| 2. Was the accessible parking clearly marked by a visible sign? | Yes | No | N/A |
| 3. Was there a clear, accessible route to an entrance that was free of curbs/steps or other obstruction? | Yes | No | N/A |
| 4. If curbs/steps, were there usable/safe curb cuts or safe ramps? | Yes | No | N/A |
| 5. Was the parking lot and sidewalk stable, firm and slip-resistant? | Yes | No | N/A |

Entrance

- | | | | |
|---|-----|----|-----|
| 1. Was there at least one accessible entrance? | Yes | No | N/A |
| 2. Was the door wide enough for a wheelchair (32 inches)? | Yes | No | N/A |
| 3. Could you open all doors with one closed fist (without grasping, pinching or twisting the handle)? | Yes | No | N/A |
| 4. Was a ramp needed that was not provided? | Yes | No | N/A |
| 5. If there was a ramp, was it a gradual incline with handrails on both sides? | Yes | No | N/A |
| 6. Was the ramp wide enough for a wheelchair (handrails at least 36 inches apart)? | Yes | No | N/A |

Voting Area

- | | | | |
|---|-----|----|-----|
| 1. Was the voting area accessible to reach past the entryway (ex: no steps)? | Yes | No | N/A |
| 2. Could you open all doors with one closed fist (without grasping, pinching or twisting the handle)? | Yes | No | N/A |
| 3. Were there any doors that were powered? | Yes | No | N/A |
| 4. If so, did the doors remain open for at least three seconds? | Yes | No | N/A |
| 5. Were the doors wide enough for a wheelchair? | Yes | No | N/A |
| 6. If there was a raised threshold (barrier), was it 3/4 inch or less at the door? | Yes | No | N/A |

Voting

- | | | | |
|---|-----|----|-----|
| 1. Was the check-in table on an accessible level? | Yes | No | N/A |
| 2. Was the voting machine set up and ready to use? | Yes | No | N/A |
| 3. Did you have any problems using the voting machine? If yes, please contact our office. | Yes | No | N/A |
| 4. Was there seating available while using the voting machine? | Yes | No | N/A |
| 5. Was there a sign informing you that assistance was available? | Yes | No | N/A |
| 6. Were you able to cast your vote privately? | Yes | No | N/A |
| 7. Were poll workers helpful in assisting you? | Yes | No | N/A |
| 8. If an accommodation was requested in advance, was it recognized? | Yes | No | N/A |
| 9. Did you have a positive voting experience? | Yes | No | N/A |

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www.disabilityrightsnebraska.org

The Protection and Advocacy System in Nebraska

Additional Comments

***Let us never forget that government is
ourselves and not an alien power over us.
The ultimate rulers of our democracy are
not a President and senators and
congressmen and government officials,
but the voters of this country.***

--- Franklin D. Roosevelt



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