## **Disability Rights Nebraska**

Protection and Advocacy for People with Disabilities

# 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):		olling Site:			
Phone/E-mail (optional):		ity/County:			
Po	olling Place Parking	Circle One	e – if no,	please	explair
1.	Was there at least 1 accessible parking space for every 25 space	es?	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 obstruction?	of curbs/steps or other	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
Er	trance				
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 bo	oth sides?	Yes	No	N/A
6.	Was the ramp wide enough for a wheelchair (handrails at least 3	36 inches apart)?	Yes	No	N/A
Vo	oting Area				
1.	Was the voting area accessible to reach past the entryway (ex: r	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 1/2 inch or less at	t the door?	Yes	No	N/A
Vo	oting				
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, ple	ease 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 recognize	ed?	Yes	No	N/A
9.	Did you have a positive voting experience?		Yes	No	N/A

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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