

**Instructions**

 All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

Fields marked with an asterisk (\*) are mandatory.

**A. Organization information**

Organization category *	Number of employees range *	Reporting year
Ontario Public Service / Ontario Legislative Assembly	50+ employees	2017

**Business details**

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
Office of the Legislative Assembly	400

Business number (BN9) * <a href="#">Help</a> <input checked="" type="checkbox"/> Check this box if you have received an AODA identifier from the Accessibility Directorate of Ontario	AODA identifier *
	AD100010

 Check if operating/business name is same as legal name

Organization operating/business name	Language preference for communications *
Office of the Legislative Assembly	English

Sector that best describes your organization's principal business activity *	<a href="#">Help</a>
91 - Public administration	

Subsector (if possible)	Industry group (if possible)
912 - Provincial and territorial public administration	9129 - Other provincial and territorial public administration

**Mailing address**

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
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Type of address *	<input checked="" type="radio"/> Street address	<input type="radio"/> Street address served by route	<input type="radio"/> Other
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Unit number	Street number *	Street name *
1413	99	Wellesley

Street type	Street direction	City *	Province *
Street	W (West)	Toronto	ON (Ontario)

Postal code *
M4W 2S5

**Business address**

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

 Check if business address is same as mailing address

Country *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
-----------	---	---------------------------	-------------------------------------

Type of address *	<input checked="" type="radio"/> Street address	<input type="radio"/> Street address served by route	<input type="radio"/> Other
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Unit number	Street number *	Street name *
1413	99	Wellesley

Street type	Street direction	City *	Province *
Street	W (West)	Toronto	ON (Ontario)

Postal code *
M4W 2S5

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.

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Organization category Ontario Public Service / Ontario Legislative Assembly | Number of employees range 50+

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Filing organization legal name Office of the Legislative Assembly

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Filing organization AODA identifier AD100010

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Fields marked with an asterisk (\*) are mandatory.

## B. Understand your accessibility requirements

For enquiries related to the AODA obligations of the Ontario Public Service (OPS) or offices appointed under the Ontario Legislative Assembly (OLA), please contact AODA Contact Centre (ServiceOntario) at:

**Phone:** 416-849-8276 or **Toll-free:** 1-866-515-2025

**TTY:** 416-325-3408 or **Toll-free:** 1-800-268-7095

**Email:** [aoda.assistance@ontario.ca](mailto:aoda.assistance@ontario.ca)

## C. Accessibility compliance report questions

### Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

1. Is your organization complying with the requirements of the Customer Service Standard? \*  Yes  No

[Customer Service Standards](#)

[Learn more about your requirements for question 1](#)

Comments for  
question 1

2. Is your organization complying with the requirements in effect under the Information and Communications Standard? \*  Yes  No

[Information and Communications Standards](#)

[Learn more about your requirements for question 2](#)

Comments for  
question 2

3. Is your organization complying with the requirements in effect under the Employment Standard? \*  Yes  No

[Employment Standards](#)

[Learn more about your requirements for question 3](#)

Comments for  
question 3

4. Is your organization complying with the requirements in effect under the Design of Public Spaces Standard? \*  Yes  No

[Design of Public Spaces Standards](#)

[Learn more about your requirements for question 4](#)

Comments for  
question 4

Organization category Ontario Public Service / Ontario Legislative Assembly | Number of employees range 50+

Filing organization legal name Office of the Legislative Assembly

Filing organization AODA identifier AD100010

Fields marked with an asterisk (\*) are mandatory.

**B. Organization profile update certification statement**

 Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Accessibility Directorate to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

**Acknowledgement**
 I certify that I have the authority to bind all organizations specified in Section A of this form, \*

 I certify that all the required information has been included in this report, and, \*

 I certify that the information in this report is accurate. \*

Certification date (yyyy-mm-dd) \* 2017-06-12

**Certifier information**

Last name *		First name *	
Whitmell		Vicki	
Position title *	Position title other *	Business phone number *	Extension <input type="checkbox"/> Check here if TTY
Other	Executive Director, iDivision	416 325-3939	
Email *		Alternate phone number	Extension Fax number
vwhitmell@ola.org			416 325-3909

**Primary contact for the organization(s)**
 Check if the primary contact is same as the certifier

Last name *		First name *	
Decker		Todd	
Position title *	Position title other *	Business phone number *	Extension <input type="checkbox"/> Check here if TTY
Other	Clerk	416 325-7341	
Email *		Alternate phone number	Extension Fax number
tdecker@ola.org			

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**A. Organization information**

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Ontario Public Service / Ontario Legislative Assembly	50+ employees

**Business details**

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Office of the Legislative Assembly	400

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Organization operating/business name	Language preference for communications *
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**Mailing address**

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country \*  Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number *	Street name *
	99	Wellesley

Street type	Street direction	City *	Province *
Street	W (West)	Toronto	ON (Ontario)

Postal code \*  
M7A 1A2

**Business address**

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

 Check if business address is same as mailing address

Country \*  Canada  USA  International

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Street type	Street direction	City *	Province *
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Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.

Organization category Ontario Public Service / Ontario Legislative Assembly | Number of employees range 50+  
 Filing organization legal name Office of the Legislative Assembly  
 Filing organization AODA identifier AD100010

Fields marked with an asterisk (\*) are mandatory.

#### D. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.

Your organization may be audited to verify compliance.

#### E. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

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**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

#### Acknowledgement

I certify that I have the authority to bind all organizations specified in Section A of this form, \*

I certify that all the required information has been included in this report, and, \*

I certify that the information in this report is accurate. \*

Certification date (yyyy-mm-dd) \* 2017-06-16

#### Certifier information

Last name *		First name *	
Decker		Todd	
Position title *	Position title other *	Business phone number *	Extension <input type="checkbox"/> Check here if TTY
Other	Clerk	416 325-7341	
Email *		Alternate phone number	Extension
tdecker@ola.org			Fax number

#### Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name *		First name *	
Whitmell		Vicki	
Position title *	Position title other *	Business phone number *	Extension <input type="checkbox"/> Check here if TTY
Other	Executive Director, iDivision	416 325-3939	
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vwhitmell@ola.org			Fax number
			416 325-3939

