Your feedback on DEMIRS accessibility and inclusion is important

views, and respect your observations using the strictest conf dence.

Have you experience	ed access barriers to DFM	IRS services that are not addressed in the DAIP?
No		ccess or inclusion barriers experienced and the reason for the diff cu
Is there any initiative	e you would like to complii	ment DEMIRS on?
No	Yes	
		ons to help DEMIRS improve access to our services, events, dings for people with disabilities?
No	Yes	
Which catagory bost	t describes you – you may	coloct more than one
Willer category best	i describes you – you may	Select more than one.
Tick the option below	w if you agree to be contac	cted by DEMIRS.
Name:		Email:
Address:		Phone: