

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Law Enforcement Complaints Agency

Filing organization AODA identifier AD100075

Fields marked with an asterisk (*) are mandatory.

B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at ontario.ca/accessibility

Additional accessibility requirements apply if you are:

- [a library board](#)
- [a producer of education material \(e.g. textbooks\)](#)
- [an education institution \(e.g. school board, college, university or school\)](#)
- [a municipality](#)

If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards below.

C. 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).

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 Ministry for Seniors and Accessibility 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 all the information is accurate and I have the authority to bind the organization *

Certification date (yyyy-mm-dd) * 2025-10-08

Certifier information

Last name * Dorman		First name * Tricia	
Position title * Other	Position title other * Chief Operations Officer	Business phone number * 437-881-1580	Extension <input type="checkbox"/> Check here if TTY

Email *	Alternate phone number	Extension	Fax number
Tricia.Dorman@ontario.ca			

Primary contact for the organization(s)

☒ Check if the primary contact is same as the certifier

Last name *	First name *		
Dorman	Tricia		
Position title *	Position title other *	Business phone number *	Extension <input type="checkbox"/> Check here if TTY
Other	Chief Operations Officer	437-881-1580	
Email *	Alternate phone number	Extension	Fax number
Tricia.Dorman@ontario.ca			

D. 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.

General

1. Is your organization in compliance with all applicable requirements of the General Section? * ☒ Yes ☐ No

[Read O. Reg. 191/11, Part I: General](#)

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

[Use this self-assessment tool to identify which requirements apply to your organization under the General Requirements](#)

Comments for question 1 Include any additional information or explanation to accompany your yes/no answer to the question.

Information and communications

2. Is your organization in compliance with all applicable requirements of the Information and Communications Standards? * ☒ Yes ☐ No

[Read O. Reg. 191/11, Part II: Information and communications standards](#)

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

[Use this self-assessment tool to identify which requirements apply to your organization under the Information and Communications Standards](#)

Comments for question 2 Include any additional information or explanation to accompany your yes/no answer to the question.

Employment

3. Is your organization in compliance with all applicable requirements of the Employment Standards? * ☒ Yes ☐ No

[Read O. Reg. 191/11, Part III: Employment Standards](#)

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

[Use this self-assessment tool to identify which requirements apply to your organization under the Employment Standards](#)

Comments for question 3 Include any additional information or explanation to accompany your yes/no answer to the question.

Transportation

4. Is your organization in compliance with all applicable requirements of the Transportation Standards? * ☒ Yes ☐ No

[Read O. Reg. 191/11, Part IV: Transportation standards](#)

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

[The Transportation Standards Reference Guide provides information about accessibility requirements from the Transportation Standards](#)

Comments for question 4 Include any additional information or explanation to accompany your yes/no answer to the question.

Design of public spaces

5. Is your organization in compliance with all applicable requirements of the Design of Public Spaces Standards? * ☒ Yes ☐ No

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 5](#)

[The DOPS Reference Guide provides an overview of the scope, applicability and specific requirements of DOPS](#)

Comments for question 5 Include any additional information or explanation to accompany your yes/no answer to the question.

Customer Service

6. Is your organization in compliance with all applicable requirements of the Customer Service Standards? ^{*} ☒ Yes ☐ No

[Read O. Reg. 191/11 Part IV.2: Customer Service standards](#) [Learn more about your requirements for question 6](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Customer Service Standards](#)

Comments for question 6	Include any additional information or explanation to accompany your yes/no answer to the question.
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