

# Accessibility Horror Story

**Thank you for your help with the podcast! If you have any doubt**, refer to the document with all the instructions. This is an empty version of that document for easier filling purposes. You may also use our [Google Form version](#), if you'd like.

**Personal information** (so that we can present yourself to the audience)

- **Name and pronouns:**
- **City and country:**
- **E-mail** (just in case we needed to contact you):
- **Social media handles** (optional):
- **Your accessibility needs or how are you related to accessibility:**
- **Anything that you want to add** (optional):

## Your horror story

- **Where did it happen?**
- **Where were you going or where were you heading to?**
- **What happened?** List the sequence of events...
  - First...
  - Then...
  - Afterwards...
  - Finally...
- **How did it affect you or what problems did it cause for you?**
- **What were you thinking at the time?**
- **What did they tell you** (if you interacted with someone)?
- **How did it end or how was it solved** (if it was somehow solved)?