



ACCESSIBILITY FEEDBACK FORM

IPEX is committed to improving accessibility for individuals with disabilities.

We would like to hear your comments, questions or suggestions about the provision of our products or services to individuals with disabilities.

Please tell us the date, time and location of your visit:

Date: _____

Time: _____

Location: _____

Did we respond to your customer service needs today? Yes No

Was our service provided to you in an accessible manner?

YES SOMEWHAT (please explain below) NO (please explain below)

Did you experience any difficulties accessing our services?

YES SOMEWHAT (please explain below) NO (please explain below)

Do you have any other comments to help us better serve individuals with disabilities?

Thank you,
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