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,

Sophie Sevastos
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This policy applies to the Ontario Operations of the IPEX Group of Companies, IPEX means IPEX Inc., IPEX Management Inc., IPEX Electrical Inc., IPEX Branding Inc., IPEX Technologies Inc., Hamilton Kent Inc., and affiliated and successor companies and divisions.

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