



## 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)

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**Did you experience any difficulties accessing our services?**

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

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

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Thank you for your feedback.

**Contact Information (optional):**

If you wish to receive a response from IPEX concerning your inquiry, suggestion or concern, please provide the following information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please note:** any personal information collected through completion of this Feedback Form will be kept private and will only be used for the sole purpose of responding to the submitted inquiry.