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  SOMEWAT (please explain below)  NO (please explain below)

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Did you experience any difficulties accessing our services?

YES  SOMEWAT (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.

This document 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., and affiliated and successor companies and divisions.

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