ACCESSIBILITY FEEDBACK FORM

Hamilton Kent Inc. 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,

Georgia Lihnakis
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