Regional HIV/AIDS Connection

Accessibility Feedback Form

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Please tell us the d	ate and time of your visit:			
Did we respond to your customer service needs today?			0	No
Was our service provided to you in an accessible manner? Yes			0	Somewhat O No
Please explain				
Did you have any p	roblems accessing our services?	Yes	0	Somewhat O No
Please explain				
Please add any oth	er comments you may have:			
Please contact our	on-site representative to share y	our feedback by:		
•	gional HIV/AIDS Connection			

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