



Accessibility Contact Form

1. Contact Information

Name:		Date:
Email:		
Phone:	TTY:	

2. Request or Reason for Contact

Please answer Sections 3 and 4 if you are requesting accessible copies of on-line documents or are requesting assistance in using an inaccessible EXIM product.

3. Web site/System Name

EXIM.gov	data.exim.gov	EXIMConnect
EXIM On-Line	research.exim.gov	Other (Describe):

4. Product information

Web page	Multimedia or video	Electronic document (PDF,MS Word etc.)
Electronic Form	Other (Describe):	

Please give form, document or video name or other identifying information. Please include URL if possible.

5. Action Taken (For internal use only)

Date of Action Taken:

6. Additional Follow up (for internal use)

Date of Follow up:

Accessibility Board Chair: Approve Closure: Signature: _____ Date: _____

Chief Information Officer: Approve Closure: Signature: _____ Date: _____

Accessibility Board Chair:

Date:

For questions or assistance filling out this form, contact the Accessibility Board: Accessibility_Board@EXIM.gov