Statement of Concern about Library Operations

To be filled out by customer:

Date: _____

Person Filing Complaint: _____

Address: _____

Phone/E-Mail:_____

Please explain the nature of your complaint:

_____

_____

_____

_____

_____

_____

What is your suggested remedy?

_____

_____

_____

_____

_____

_____

To be filled out by staff

What is the response of:

The staffer receiving the complaint:

_____

_____

_____

_____

The Department Head:

_____

_____

_____

_____

The Library Director:

_____

_____

_____

_____