

KIMBALL PUBLIC LIBRARY PATRON COMPLAINT FORM

Please complete all fields below. We will attempt to resolve your complaint quickly and fairly.

1. Name:

2. Address:

3. E-mail:

4. Daytime Phone Number:

5. Are you a Kimball Public Library cardholder? Yes _____ No _____

6. If the answer to #5 is "no", please state the name of any public library of which you are a cardholder.

7. Please briefly describe your complaint in the space below or on an attached sheet. If relevant, include in your description where and when the incident occurred (date and time), the full names of any Library staff or patrons involved and how they were involved, any previous efforts made by you and/or Library staff to resolve the complaint, and any other significant information.

Signature: _____ Date:

Written, reviewed, and approved 03/08/2021