

LIBRARY
PATRON SUGGESTIONS FOR IMPROVEMENT

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ DATE COMPLETED: _____

DATE & TIME OF OCCURRENCE: _____

STAFF MEMBER INVOLVED: _____

FACTS YOU WISH TO REPORT:

Please describe the situation that you wish to report giving as many details as possible.

DATE RECEIVED: _____

SUBMITTED TO NAME: _____ TITLE: _____

ACTION TAKEN: _____