Patron Complaint Form

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

| Date: | | |
|---|--|---|
| Name: | | |
| Address: | | |
| Email: | | |
| Phone #: | | |
| Please give (date and till patrons invo | ur complaint in the space below and on the as much detail as possible. If relevant, descree) the incident occurred, the full names of plyed, how they were involved and any previous took to resolve the complaint. Thank you. | ibe where and when library staff or of other |
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| Your signature: | Date: |
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| Library Director: | Date: |
| Or Board Member: | |
| | |

Resolution: Adopted on March 22, 2023 by unanimous vote of the Board of Trustees of the Catskill Public Library.