LINCOLN COUNTY LIBRARY SYSTEM

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. Phone Number_____
5. Are you a Lincoln County Library System cardholder? Yes _____ No _____
6. 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 names of any library staff 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.

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Signature _____ Date _____