



Patron Complaints Form

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

Name: _____

Address: _____

Daytime phone: _____

Email: _____

Are you a Highland Public Library cardholder? YES NO

If no, please state the name of any public Library of which you are a cardholder:

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/ 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: _____