



Display Complaint Form

Name: _____

Address: _____

Phone Number: _____

Are you a Woodward Memorial Library card holder? YES NO

If No, please list what library you are a cardholder at. _____

Please briefly describe your complaint in the space below. Please include the names of any staff that you may have spoken to and any efforts made to resolve the complaint prior to filing this form. Use back of page for additional space.

Signature: _____ Date: _____