

Madison County Library System Complaint Form

Location : _____ Date: _____ Time: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

H. Phone: _____ O: _____ C.Phone _____

Description of Complaint:

Action Taken (Staff Use Only):

Signature (of person completing form)

Signature of Staff

Date

Date