Berne Public Library
Patron Complaint Form

Please return the entire page to the Library Director after completing the top half of this form

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Do you represent: ☐ yourself ☐ an organization _____

Nature of complaint, concern or request, providing as much detail as possible to assist the Library to resolve the issue:

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Signature Date

Library Staff Follow-Up

Referred by: *(Library Staff who received the complaint)* _____

Referred to: *(Library Staff who will address the complaint)* _____

Results of investigation: _____

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Action taken: *(include date patron was contacted with outcome)* _____

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Signature Date