



*If there is a library program about which you have concerns, please complete and submit this form to ensure prompt and complete attention by Mesa County Libraries staff.
You will receive a letter from the Library Director with a response.*

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Complainant represents: Self Organization/Group Name: _____

Title of Program: _____

Program description: _____

Scheduled Date of Program: _____

Did you attend the entire program? Yes No

What do you object to about the program? (Please be specific) _____

What do you feel might be the result of sharing this information? _____

For what age group (if any) would you recommend this program/information? _____

Is there anything good about this program/information? _____

What are your recommendations concerning this information/program? _____

Signature: _____ Date: _____