

# Scio Memorial Library Complaint Form

This form is available to make a formal complaint involving the Scio Memorial Library.

Please fill out form completely and mail or deliver to the library Director at 3980 NY-19 Scio, NY 14880

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Incident details: \_\_\_\_\_

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Signature of complainant: \_\_\_\_\_

By signing above, the complainant declares that all information entered is truthful and accurate.

Date received by library Director: \_\_\_\_\_

Findings of Library Board: \_\_\_\_\_

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Date findings and response sent to complainant: \_\_\_\_\_

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