Northern Waters Library Network Library Complaint Form

Date of Initial Contact with the Member in Question:
Approximate Time of Contact:
Member in Question:
Respondent Staff Name:
How was the contact made:
Email (please attach copies of exchanges)
Phone (please be as specific to your recollection as possible when filling out the next section)
In-person (please be as specific to your recollection as possible when filling out the next section)
State the problem you encountered with the other member, how you described the behavior was a
problem, and what was mutually agreed upon to resolve the issue:

Please include records involved (with record information, barcodes, titles, or patron names – attach copies of records at the time of activity if possible):				
		Signature:		
		Filing Institution:		
		Filing Date:		