LINCOLN CITY LIBRARIES
LINCOLN, NEBRASKA

CUSTOMER COMPLAINT FORM

Please complete all fields below. We will attempt to resolve your complaint quickly and fairly.

1. Name: _____
2. Address:_____
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3. Email:_____
   _
4. Daytime phone number:_____
5. Are you a Lincoln City Libraries cardholder? Yes____ No____
6. Please briefly describe your complaint in the space below or on an attached sheet. If relevant, include in your description where and when the incident occurred (date and time), the full names of any Library staff or customers involved, any previous efforts made by you and/or Library staff to resolve the complaint, and any other significant information.

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Signature:_____ Date:_____

Please return completed form to library staff, or mail to Library Director, Lincoln City Libraries, 136 S. 14th Street, Lincoln, NE 68508; or email to library@lincolnlibraries.org