## LINCOLN CITY LIBRARIES LINCOLN, NEBRASKA

## CUSTOMER COMPLAINT FORM

Name:
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Daytime phone number:
Are you a Lincoln City Libraries cardholder? Yes No
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.

Please return completed form to library staff, or mail to Library Director, Lincoln City Libraries,  $136 \, \text{S.} \, 14^{\text{th}} \, \text{Street}$ , Lincoln, NE  $\, 68508$ ; or email to library@lincoln.ne.gov