

SCPL LIBRARY MATERIALS COMMENT FORM

LIBRARY BRANCH: _____ DATE: _____

AUTHOR: _____

TITLE: _____

PUBLISHER: _____

DATE OF PUBLICATION: _____ CALL NUMBER: _____

WHAT BROUGHT THIS ITEM TO YOUR ATTENTION? (REVIEWS, WORD-OF-MOUTH, ETC...)

IF REVIEWS, PLEASE GIVE THE NAME AND DATE OF PUBLICATIONS, IF POSSIBLE:

Name of publication: _____ Date: _____

HAVE YOU READ/REVIEWED THE ENTIRE ITEM? TO WHAT DO YOU OBJECT?
(Please be specific, citing specific pages if possible.)

(CONTINUE ON REVERSE IF MORE SPACE IS NEEDED)

YOUR NAME: _____ PHONE: _____

COMPLETE ADDRESS: _____

REPRESENTING SELF? YES NO ORGANIZATION

ORGANIZATION NAME: _____

SIGNATURE: _____

Appropriate Library Staff will give careful consideration to the points you raise, and will respond in writing as soon as possible.

FOR STAFF USE ONLY

➤ Date Received: _____ Assigned to: _____

➤ Date Completed: _____

**Original to Division Manager Collection Management Services
Copies of complaint and completed responses are scanned and filed electronically by Admin. Staff**