



15001 Wells Port Drive  
Austin, Texas 78728  
(512) 989-3188, FAX (512) 989-3533  
director@wblibrary.org www.wblibrary.org

## Complaint Form

The library strives to make each visit and interaction pleasant and productive. If you have a concern or criticism, please fill out the following in as much detail as possible. Once complete, this form can be returned to the library by mail, fax, or in person. All complaints are reviewed by the director.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Time and date of the incident: \_\_\_\_\_

Other persons present/involved \_\_\_\_\_

Please rate your level of concern from 1 (not terribly concerned) to 10 (very concerned) \_\_\_\_\_

Do you need to be contacted once your complaint has been reviewed? \_\_\_\_\_

Description of Incident:

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Signed: \_\_\_\_\_

Received by \_\_\_\_\_ Date: \_\_\_\_\_

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