



WE WELCOME YOUR COMMENTS



Date: _____

Name: _____

Library Card Number: _____

☐ I have a suggestion ☐ I have a compliment ☐ I have a concern

Library location:

- | | |
|--|---|
| <input type="checkbox"/> Blake Library (Stuart) | <input type="checkbox"/> Cummings Library (Palm City) |
| <input type="checkbox"/> Elisabeth Lahti Library (Indiantown) | <input type="checkbox"/> Hoke Library (Jensen Beach) |
| <input type="checkbox"/> Hobe Sound Public Library | <input type="checkbox"/> Robert Morgade Library (South Stuart / Salerno) |

Would you like us to contact you regarding your comment? ☐ YES ☐ NO

Your preferred method of contact:

- ☐ **E-mail** _____
- ☐ **Telephone** _____

STAFF USE Only

Step 1	
Date	
Received by	
Action Taken	
Forwarded to	

Step 2	
Date	
Supervisor	
Division	
Action Taken	

Step 3	
Resolution	

Step 4 (Administration)	
Date	
Filed by	