

The Community Library
Program Feedback Form

The Trustees of The Community Library have established a programming policy and a procedure for gathering input about particular programs. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a program and/or entertainer, please return the completed form to the Library Director.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Do you represent yourself? Or an Organization:

Organization Name (if appropriate): _____

Type of program on which you are commenting: On-Site Program Off-Site Program
 Virtual Program Passive Program

Was this program a Library Sponsored Program Third-Party Event Don't Know

Date of the Program: _____ Title of the Program: _____

Presenter(s)/Entertainer(s) Name: _____

What brought this program to your attention? _____

Did you attend or participate in the entirety of the program? Yes No If not, what parts did you attend or participate in? _____

What concerns you about this program? _____

Can you suggest or provide additional information and/or other viewpoints on this program?

What action are you requesting the Library Director consider? _____

Created: September 14, 2023