

Library Manager_____

Library Services Reconsideration Form

West Georgia Regional Library System seeks to provide opportunities that allow individuals to freely examine subjects and make their own decisions. WGRLS and the Regional Board are aware that patrons may have concerns with the inclusion of certain programs, displays, exhibits, practices, policies, or social media posts and welcome the expression of concern by patrons.WGRLS will only consider concerns brought by residents of the five counties which it serves. If your discussion with library staff has not alleviated your concern, please complete this form and return it to your local WGRLS library.

| Today's Date | , | |
|---|---------------|---------|
| Name of Individual or Group_ | | |
| Contact Person | | |
| Phone | Email | |
| Address | | |
| City State ZipCode 1. Library service you are conc | | |
| Library ProgramDisplayExhibit PolicySocial Media PostOther: | | |
| | | |
| Title, date, time, location | | |
| 2. Have you examined the entire library service (or did you attend the event)? Yes No | | |
| 3. How did you find out about the library service? | | |
| 4. What are your concerns about the library service? What action do you seek as a result of this complaint? (Please use the back of this form if needed.) | | |
| 5. Additional comments or rec | ommendations: | |
| | Library Use | se Only |

Date sent to WGRLS Administrative Office: ___/___/