



INGLEWOOD PUBLIC LIBRARY

**USER'S REACTION TO LIBRARY  
RESOURCES AND SERVICES**

**TYPE OF  
REACTION**

- COMMENDATION  
 COMPLAINT

- OBSERVATION  
 RECOMMENDATION

**REMARKS**

If reaction is to a specific item or action, please identify.

*Please return your completed form to any public desk in the Library. Thank you.*

**NAME, ADDRESS, PHONE**  
(OPTIONAL)

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**FOR LIBRARY USE ONLY**

RECEIVED ON \_\_\_/\_\_\_/20\_\_\_ AT  MAIN  MORNINGSIDE  CRENSHAW-IMPERIAL INITIAL: \_\_\_\_\_