LIBRARY SERVICES EVALUATION FORM

The Findlay-Hancock County Public Library strives to provide the residents of Hancock County friendly, knowledgeable service. If you have concerns about the level of service at the library we would appreciate your comments. Your concerns will be reviewed and addressed in a timely manner.

Patron name: _______________________________ Date: __________________

Address: __________________________________________________________

City: ___________________ State: ____ Zip Code: _____ Phone: ____________

Patron represents: Self_______ Organization/group: ________________________

(Name of Organization)

1. What is your area of concern? Please give specific examples, cite location, time, etc.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

2. What are the positive features of our service?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

3. How often do you use the Library? Daily_____ Weekly_____ Monthly_____ 

4. Which areas of the Library do you use?
   ___ Adult Services ___ Meeting Rooms
   ___ Audiovisual Services ___ Arlington Branch Library
   ___ Children’s Services ___ Bookmobile

If you have further comments, please use the back of this form.

Revised: March 2014