

**Simsbury Public Library**  
**Statement of Concern About Library Programs**



Legal Patron Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Program or Event on which you are commenting

Title \_\_\_\_\_ Date \_\_\_\_\_

Audience  Adult  Families  Teens  Children

Other \_\_\_\_\_

Do you represent yourself?  Yes  No

Do you represent an organization? (Please specify) \_\_\_\_\_

What brought this program to your attention?

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Did you attend the entire program? If not, what if any part(s) did you attend?

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What are your concerns about this program? Please be specific.

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Did you share your concerns with Library staff at the program? What was their response?

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What, in your opinion, were the positive aspects of this program?

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What program(s) would you recommend to replace or supplement this program?

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Patron Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete, sign and date this form. To be considered each form must be completed in its entirety and signed.

Reconsideration requests are not confidential patron records under [section 11-25 of the general statutes](#).

Return to:  
Simsbury Public Library  
Attention Library Director  
725 Hopmeadow St  
Simsbury, CT 06070

Date Received \_\_\_\_\_ Received by \_\_\_\_\_ Date Received by Library Director \_\_\_\_\_

*~Approved by the Library Board of Trustees October 20, 2025*