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 and organization? (Please specify)_____

What brought this program to your attention?

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

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

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