

Accessibility Determination Review

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Please provide a description of the condition of the library or its services, action or treatment which you think was/is not satisfactory. Please include information about who, what, when, where, how, why and the names, addresses and phone numbers of any person who was present and would agree to speak to someone at the library if we need more information. You may write this on another sheet of paper if needed

Please describe the specific relief or remedy that would satisfy your concern.

Signature _____ **Date** _____

Send completed form to:

Harrison Public Library, 2 Bruce Ave, Harrison, NY 10528 / harrisonpubliclibrarytrustees@gmail.com