

We Want to Hear From You

Customer Comment Form

		Branch:		Date:	
How was your experience	e today at th	ne library?			
Excellent	Good .	Fair	Poor		
How was your experience	e finding wh	ıat you were	looking for?		
Excellent	Good	Fair	Poor	I did not look for anything	
How was your experience	e using the l	ibrary's equi	ipment (compı	uters/copiers/printers, tech, etc.)?	
Excellent	Good	Fair	Poor	I did not use any equipment	
How did you find the cle	anliness of t	he building?	,		
Excellent	Good .	Fair	Poor		
How was your overall cu	stomer servi	ice experienc	ce?		
Excellent	Good	Fair	Poor		
Additional Comments:					
Name:					
Email or Street Address:					
Phone:					
Please deposit this form in reverse side). This form is a	_	,		I directly to HCPL Administrative Offices (see out/contact	
This document is available in alternative	e format upon reque	est.			
STAFF ONLY					
Route to:	_ Branch <i>N</i>	lanager Initials:	:	Date:	
	_ Branch A	ction Taken (if a	ppropriate):		
	_ Admin. S	Staff Initials:		Date:	

Dear Harford County Public Library Customer,

At Harford County Public Library it is our goal that, with each library visit, you experience the best possible customer service.

Please take a few minutes to share your thoughts about your experience at the library today. Your input is important to help us determine how well we meet your needs.

You may place the completed form in the survey box at any branch, or fold this form and mail it directly to the administrative offices. We appreciate your comments.

May Z. Hastler

Harford County Public Library 1221-A Brass Mill Road Belcamp, MD 21017

