

# PATTERSON LIBRARY

## ACCESSIBILITY CONCERNS FORM

Please describe the nature of the problem you have encountered:

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Please describe what we could do to provide better access:

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Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Please see the attached policy and procedure to find out how we will address your concern.  
Send completed form to:

Library Director  
Patterson Library  
P.O. Box 418  
Patterson, NY 12563