



MERIDEN PUBLIC LIBRARY

REQUEST FOR APPEAL OF SUSPENSION FORM

I want to appeal the library suspension that was issued to me. I am requesting Library Administration review this suspension.

Date:

Name:

Address:

Telephone:

Email:

Reason for the Request (optional):

This form must be returned to Meriden Public Library with seven days of the suspension issue date at 105 Miller Street, Meriden, CT 06450.

Within five days after you submit this form, you may contact Meriden Public Library at 203-630-4760 to determine the status of the Suspension Appeal (See Meriden Public Library Code of Conduct and Patron Suspension Policy). If it is determined that your suspension is unwarranted, your suspension will be withdrawn. The Library's Suspension Appeal decision is final.

Signature of the Complainant:

Date:

Staff Signature:

Staff Job Title:

Date:

For Library use only: Suspension IS _____ IS NOT _____ withdrawn.