

Milford Public Library
Accessibility or Discrimination Complaint Form (Form 404.1)

(For help in completing this form, contact the Library Director at (248) 684-0845 or at the address listed below)

Name of Complainant _____

Address _____

Phone _____

Department against whom the complaint is filed:

Description of the action or treatment which you think was discriminatory. Please include as much information as you can about the incident, including contact information of witnesses if possible. You may use another sheet of paper if you need more room.

Date of incident (if applicable) _____

Description of resolution or accommodation you desire

Signature _____ Date _____

Return completed form to:
Milford Public Library c/o Library Director
330 Family Dr
Milford, MI 48381