

East Central Regional Library Comment Form

Serving you well is our most important goal. Your concerns and comments mean a lot to us. If we are doing a good job, we would like to hear that. If we are not meeting your needs, please let us know how we could do better.

Thank you for sharing your ideas and comments with us!

1) How often do you visit the library?

- Several times a week
 Once a week
 1-2 times a month
 Several times a year
 Other _____

2) On average how many items do you usually check out per visit?

- (1-5) (6-10) (11 or more) none

3) On this visit, what library services did you use? (check all that apply)

- Ask a question or get help finding information
 Check out books or magazines
 Check out media (DVDs, tapes, CDs)
 Read newspaper or magazines
 Use library computer
 Use wireless access
 Attend a program
 Hang out
 Other _____

4) Please rate the service you received/visited most recently:
 (Please circle your response)

Availability	Great	OK	Could do better	NA
Courtesy	Great	OK	Poor	NA
Knowledge	Great	OK	Poor	NA

5) Please rate the facility you visited most recently:
 (Please circle your response)

Condition	Great	OK	Could do better	NA
Signage	Great	OK	Could do better	NA
Location	Great	OK	Could do better	NA

6) What ECRL branch did you visit today? _____

7) Your comments please?

Name (optional) _____ Address: _____

Phone _____ Email: _____ Would like someone to contact you? Yes ___ No ___

Please return to collection box or mail to: Director, ECRL, 244 S. Birch St., Cambridge, MN. 55008