



STATE OF HAWAII  
DEPARTMENT OF EDUCATION  
HAWAII STATE PUBLIC LIBRARY SYSTEM  
YOUR LIBRARY NAME HERE  
LIBRARY STREET ADDRESS HERE  
LIBRARY CITY, HI LIBRARY ZIPCODE

## REQUEST FOR PROBLEM RESOLUTION

Please provide the following information to facilitate your request for problem resolution:

Borrower Name: \_\_\_\_\_ Library Card No. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

During which hours can you be reached?

Problem: who, what, when, where? (Please attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (print): \_\_\_\_\_ Your relationship to borrower \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Thank you for providing the above information. A library staff member will contact you as soon as possible.

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**To be completed by library staff when received by administrative office or library:**

Date Received: \_\_\_\_\_ Name (print): \_\_\_\_\_

Date Received: \_\_\_\_\_ Name (print): \_\_\_\_\_

Library Name: \_\_\_\_\_ Problem No. \_\_\_\_\_

[Suggest numbering system, e.g. OKK-FY07-2]

## HAWAII STATE PUBLIC LIBRARY SYSTEM

### *Procedures for Filing Customer Request for Problem Resolution*

All requests for problem resolution must be filed in writing using the HSPLS "Request for Problem Resolution" form. You should complete the form giving your full name and your library card barcode number, your current mailing address, and a phone number where you can be reached (including time of day when you can be reached at that number). Please provide complete information regarding the problem in the "Problem" section of the form. Additional pages may be attached.

#### **Types of Problems and Specific Instructions for Each:**

**Lost or Stolen Cards and/or materials:** If you feel that you are not responsible for fees and charges because they were incurred after your library card was either lost or stolen, you must state the circumstances surrounding the loss of the card (theft, act of nature, unknown, etc.) including the approximate date the card was lost or stolen, whether or not a police report or insurance claim was filed, why the loss was not reported to the library system (or if it was reported, the date and to which library it was reported), and any other information that will help substantiate your claim. A copy of a police report or insurance claim may be required to substantiate your claim.

**Damaged Items Charges:** If you dispute charges for damaged items, your claim must state the reason(s) you believe you are not responsible for damaged items. Include the title of the item, barcode number, the type of material (book, magazine, videotape, audio cassette, CD, DVD, etc.), from which library it was borrowed and the date the item was borrowed, to which library it was returned, whether the item was placed in the book drop or returned to the circulation desk, an explanation for the damages (if known) and any other information that will help to substantiate your claim.

**All Others:** For any other type of problems, please clearly state the basis for your complaint or protest. If it relates to library materials, for each item, please specify the title of the item, the barcode number, and the type of material (book, magazine, videotape, audio cassette, CD, DVD, etc.). If it involves an item that is listed as an "Unknown DRA Item" on your record, please specify the associated date of the item in your record. For all complaints, please provide any additional information that will help substantiate your claim and/or assist the problem resolution officer in investigating the claim.

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**PART II-A: To be completed by library staff:**

Borrower Name: \_\_\_\_\_ Library Card No. \_\_\_\_\_

**Library Name:** \_\_\_\_\_ **Problem No.** \_\_\_\_\_

[Suggest numbering system, e.g. OKK-FY07-2]

**Problem: who, what, when, where? (Please attach additional sheets if necessary):**

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**Problem Resolution: additional findings and decision made and/or action taken (Please attach additional sheets if necessary):**

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**Name & signature of staff member completing the report plus date:**

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**Problem Resolution: additional findings and decision made and/or action taken (Please attach additional sheets if necessary):**

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**Name & signature of the Library Manager plus date:** \_\_\_\_\_

Borrower Name: \_\_\_\_\_ Library Card No. \_\_\_\_\_

**PART II-B: To be completed by library staff:**

**Problem Resolution: additional findings and decision made and/or action taken (Please attach additional sheets if necessary):**

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**Name & signature of the Library Administrator plus date:** \_\_\_\_\_

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**Problem Resolution: additional findings and decision made and/or action taken (Please attach additional sheets if necessary):**

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**Additional Recommendations (Please attach additional sheets if necessary): :**

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**Name & signature of the Problem Resolution Officer plus date:** \_\_\_\_\_

AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER