



LIBRARY SERVICES
585 Franklin Street, Mountain View, California 94041
(650) 903-6335

**CITY OF MOUNTAIN VIEW PUBLIC LIBRARY
REQUEST FOR SUSPENSION APPEAL / HEARING PANEL FORM**

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

Date: _____

Name: _____

Address: _____

Telephone: _____

Reason for the request (optional):

This form must be returned to Mountain View Public Library within seven days of the suspension issue date. Staff will acknowledge receipt of your request and will issue a copy of this form as a receipt.

Within five days after you submit this form, you may contact the Mountain View Public Library to determine the status of the Suspension Appeal/Hearing Panel (see Library Behavior Policy).

If, by a preponderance of the evidence, it is determined that your suspension is unwarranted, your suspension will be withdrawn. The Library's Suspension Appeal/Hearing Panel decision is final.

NAME

DATE

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Signature of Appellant: _____

Date: _____

Staff Signature: _____

Staff Job title: _____

Date: _____

FOR LIBRARY USE ONLY:

Suspension is _____ is not _____ withdrawn.

Related Documents: City of Mountain View Public Library Behavior Policy