

Ban Appeal Form



If you have been banned from Siouxland Libraries for a period longer than two (2) weeks and would like to appeal the decision, complete this form and submit it to:

Siouxland Libraries
Attention: Director of Siouxland Libraries
200 North Dakota Avenue
P.O. Box 7403
Sioux Falls, SD 57117-7403

Form must be complete for consideration.

A decision will be made within ten (10) days of receipt of the appeal. Until you receive the decision, you are still banned from the library.

(Please Print Clearly)

CONTACT INFORMATION

Today's Date: _____

Name: _____

Address: _____

City: _____ **Zip Code:** _____

Phone: _____ **Email:** _____

BAN INFORMATION

Ban Start Date: _____ **Ban End Date:** _____

Please explain why you were banned from the library.

(See second page.)

Please explain why the library should consider allowing you to return.

If an ADA accommodation is needed to complete this form, please contact the Human Relations Office at 605-367-8745 or human.relations@siouxfalls.gov.

Library Use Only

Date Received: _____

Decision: Approved Declined

Date for Appeal Review: _____

Date Appellant Notified of Decision: _____

Appellant Notified of Hearing: Yes No