

**STATEMENT OF CONCERN ABOUT
LIBRARY RESOURCES**

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

Do you represent: Yourself _____

Organization/Group _____

Name of Organization/Group:

Resource on which you are commenting:

_____ Book

_____ Magazine

_____ Audiovisual Resource

_____ Content of Library Program

_____ Other

Title: _____

Author: _____

Publisher/Producer: _____

Date published or produced: _____

1. What brought this resource or item to your attention?

2. To what do you object? Please be as specific as possible.

3. If applicable, have you read, listened to, or viewed the entire work?

If not, which parts have you not reviewed?

4. What do you feel the effect of the material might be?

5. If applicable, for what age group would you recommend this material?

6. If applicable, in its place, what material of better quality would you recommend?

7. What do you want the library to do with this material?

This completed form is given to the Library Director who meets with the Library Board. Since the Library Board meets monthly, it may be 4-5 weeks before a decision is made. You are welcome to attend the Library Board meeting.

The Library appreciates your interest, and the Library Director will respond to you by mail.

Signature_____ Date_____

Staff Initials_____

REVIEW: LIBRARY BOARD

ACTION TAKEN:_____

Reviewed and re-approved by Library Board of Trustees 17 May 2010