

Statement of Concern about Library Resources

Date:

Name:

Address:

City:

State:

Postal Code:

Phone:

E-Mail:

Resource on which you are commenting:

- Book
- Audio-visual Resource
- Magazine
- Content of Library Program
- Newspaper
- Exhibit
- Other

Title:

Author, Publisher or Producer/Date:

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

2. Have you read, listened or viewed the entire content? If not, what part?

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

4. For what age group would you recommend this material?

5. What would you prefer the library do about this work?

Additional comments: