



Statement of Concern about Library Resources

Name _____

Date _____

Address _____

Phone _____

City _____

State _____ ZIP _____

Who do you represent? Self Other _____

Resource on which you are commenting:

- Book Audio-visual Resource
- Magazine Library Program
- Newspaper Other _____

Title _____

Author/Publisher or Producer/Date _____

1. Have you read/viewed/listened to the entire resource? _____

2. To what in the resource do you object and why? _____

3. For what age group would you recommend this resource? _____

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

5. What would you like the library to do about this resource? _____

6. Additional comments _____

Signature _____

Date _____