



### 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 \_\_\_\_\_