



Statement of Concern about Library Resources

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Whom do you represent? _____ Self _____ Other _____

Resource on which you are commenting:

_____ Book _____ Music CD

_____ Magazine _____ DVD

_____ 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 _____