



Statement of Concern about Library Resources

Name _____

Date _____

Address _____

Phone _____

City _____

State _____ ZIP _____

Whom do you represent? Self

Other _____

Provide the name and address of organization representing

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? If not, list what sections/pages you have read, viewed, or listened to. _____

2. To what specific aspects 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 _____