

Statement of Concern about Library Materials

Name _____ Date _____

Address _____

Phone _____

Email (optional) _____

1. Type of material on which you are commenting:

- | | | |
|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Book | <input type="checkbox"/> Video | <input type="checkbox"/> Display |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Library Program | <input type="checkbox"/> Audio |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Electronic resource | |
| <input type="checkbox"/> Other _____ | | |

Title _____

Author/Producer _____

2. What brought this resource to your attention?

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

4. Have you read or listened to or viewed the entire content? If not, what parts?

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

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

7. Are there titles of equal or better quality that you recommend replace this material?

8. What do you want the library to do with this material?

9. Additional comments: