STATEMENT OF CONCERN ABOUT LIBRARY RESOURCES

The library values your opinion. If you would like us to reconsider the presence in our collection of any library material, please complete this form, indicating as clearly as possible the nature of your concern. If your concerns relate to a library program or other library services, please indicate in the appropriate space. A librarian will contact you in the near future to discuss your request.

Your name ____________________________________________________________

Address_______________________________________________________________

City ____________________________ State __________ Zip ________________

Phone ____________________________ (work) ____________________________ (home)

Library card number________________________________

LIBRARY MATERIALS OR SERVICES OF CONCERN

Book____ Video (DVD) ____ Magazine ____ Newspaper ____ Music CD ____
Audiobook ____ Library Program ____ Exhibit ____ Online Resources ____ Other ____

Title _________________________________________________________________

Author or Producer _____________________________________________________

What brought this to your attention?_______________________________________

_____________________________________________________________________

_____________________________________________________________________

Have you read, listened to or viewed this material in its entirety? To what do you specifically object? What specifically do you think is the problem, or where does the harm in the material come from? (use back of form if necessary.)

_____________________________________________________________________

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If your concerns are for other than library materials please state them below. (use back of form if necessary)

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Signature ____________________________ Date ____________________

Form 301.0