

**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 \_\_\_\_\_