

Form: Statement of Concern About Library Resources

Jane Morgan Memorial Library

STATEMENT OF CONCERN ABOUT LIBRARY RESOURCES

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Resource on which you are commenting:

_____ Book _____ Audio-visual Resource

_____ Magazine _____ Content of Library Program

_____ Newspaper _____ Other

Title: _____

Author/Publisher or Producer/Date: _____

1. What brought this resource to your attention?
2. To what do you object? Please be as specific as possible.
3. Have you read or listened or viewed the entire content? If not, what parts?
4. What do you feel the effect of the material might be?
5. For what age group would you recommend this material?
6. In its place, what material of equal or better quality would you recommend?
7. What do you want the library to do with this material?
8. Additional comments: