



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)

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

Signature _____ Date _____