

## 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 concern.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Library Materials or Services of Concern:

*Please circle*

Book          Video          Magazine          Newspaper          Pamphlet          Play          Publication          Artwork  
Audiovisual          Library Program          Collection          Exhibit          Performance          Speech          eBook  
Online Resource          Other: \_\_\_\_\_

*You may use the back of this form if necessary for any question in the following section.*

A. TITLE:

B. AUTHOR OR CREATOR:

C. WHAT BROUGHT THIS TITLE TO THE COMPLAINANT'S ATTENTION:

D. HAS THE COMPLAINANT READ, VIEWED, ETC, THE MATERIAL IN ITS ENTIRETY?

E. TO WHAT DOES THE COMPLAINANT SPECIFICALLY OBJECT?

F. WHAT SPECIFICALLY DOES THE COMPLAINANT THINK IS THE PROBLEM WITH THE LIBRARY RESOURCE, OR FROM WHERE DOES THE HARM IN THE MATERIAL COME?

G. WHAT MATERIALS DO YOU SUGGEST WE SUBSTITUTE FOR THESE THAT WILL PROVIDE THE SAME LEVEL OF INFORMATION ON THE SUBJECT?

H. IF YOUR CONCERNS ARE FOR SOMETHING OTHER THAN LIBRARY MATERIALS PLEASE STATE THEM BELOW:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_