

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 Materials Or Services Of Concern

Book ___ Textbook ___ Video ___ Magazine ___ Newspaper ___ Pamphlet ___ Play ___ Student Publication _____

Artwork ___ Audiovisual Material ___ Library Program ___ Collection ___ Exhibit ___ Performance ___ Speech _____

OnLine Resources ___ Other _____

- A. **TITLE:**

- B. **AUTHOR OR PRODUCER:**

- 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, OR FROM WHERE DOES THE HARM IN THE MATERIAL COME? (USE OTHER SIDE OF THIS FORM IF NECESSARY.)**

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

- F. **IF YOUR CONCERNS ARE FOR OTHER THAN LIBRARY MATERIALS PLEASE STATE THEM BELOW. (USE OTHER SIDE OF THIS FORM IF NECESSARY.)**

SIGNATURE: _____ DATE: _____