



Statement of Concern About Library Resources

Date

Name

Phone

Address

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. What is your concern? Please be as specific as possible.

3. Have you read or listened or viewed the entire content? If not, what parts?

