

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)

I. 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 YOUR ATTENTION? _____

D. HAS THE COMPLAINANT READ, VIEWED, ETC., THE MATERIAL IN ITS ENTIRETY? TO WHAT DOES THE COMPLAINANT SPECIFICALLY OBJECT? WHAT SPECIFICALLY DOES THE COMPLAINANT THINK IS THE PROBLEM, OR WHERE DOES THE HARM IN THE MATERIAL COME FROM? (USE OTHER SIDE OF THIS FORM IF NECESSARY.)

E. 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 _____