

Attachment P-11

Statement of concern about library resources

Name _____

Date _____

Address _____

Phone _____

City _____

State _____ ZIP _____

Resource on which you are commenting:

_____ Book _____ DVD/Audio-visual Resource

_____ Magazine _____ Content of Library Program

_____ Newspaper _____ Other

Title: _____

Author/Publisher or Producer/Date: _____

- What brought this resource to your attention?
- To what do you object? Please be as specific as possible.
- Have you read or listened or viewed the entire content? If not, what parts?
- What do you feel the effect of the material might be?
- For what age group would you recommend this material?
- In its place, what material of equal or better quality would you recommend?
- What do you want the library to do with this material?
- Additional comments: