



Statement of Concern About Library Resources

Name _____ Date _____

Address _____

Town _____ State _____ Zip _____

Phone _____ Email _____

1. Resource Type:

Book _____ Audio _____ DVD _____ Magazine _____ Newspaper _____

Library Program _____

Other _____

Title _____

Author/Producer _____

2. What brought this title to your attention?

3. Please comment on the resource as a whole, and specify the matters that concern you (use other side if needed).

Comments:

4. If you have recommendations for other titles on this topic, please list them here:

FOR LIBRARY USE ONLY

Name of staff member accepting form: _____

Approved by the Board of Trustees 3/12/24