



# Western Sullivan Public Library

## STATEMENT OF CONCERN ABOUT LIBRARY RESOURCES

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Resource on which you are commenting:

- |                                    |                                                     |
|------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Book      | <input type="checkbox"/> Audio-visual Resource      |
| <input type="checkbox"/> Magazine  | <input type="checkbox"/> Content of Library Program |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other                      |

Title: \_\_\_\_\_

Author/Publisher or Producer/Date: \_\_\_\_\_

1. What brought this resource to your attention?
2. To what do you object? Please be as specific as possible.
3. Have you read or listened or viewed the entire content? If not, what parts?
4. What do you feel the effect of the material might be?
5. For what age group would you recommend this material?

