

**Schreiner Memorial Library
Statement of Concern About Library Resources**

Name: _____ **Date:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **ZIP:** _____

Resource on which you are commenting:

- | | |
|------------------------|---|
| _____ Book | _____ Audio-Visual Resource |
| _____ Magazine | _____ Content of Library Program |
| _____ Newspaper | _____ Other |

Title: _____

Author/Artist/Publisher/Producer: _____

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?**

6. **In its place, what material of equal or better quality would you recommend?**

7. **What do you want the library to do with this resource?**

8. **Additional comments:**

(Use reverse side and/or additional sheets if necessary)