

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

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Resource on which you are commenting:**

- |                        |   |
|------------------------|---|
| _____ <b>Book</b>      | _____ <b>Audio-Visual Resource</b>      |
| _____ <b>Magazine</b>  | _____ <b>Content of Library Program</b> |
| _____ <b>Newspaper</b> | _____ <b>Other</b>                      |

**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)