

North Liberty Community Library
Statement of Concern About Library Resources

Name_____

Date_____

Address_____

City_____ State_____ Zip_____

Phone Number_____

Individual represents: _____Himself/Herself

Name of Organization: _____

1. Resource on which you are commenting:
2. Bibliographic source of resource. Resource can be any item available for checkout in the library:
3. Page number(s)/chapter(s)/tract(s) of objectionable material—specific examples.
4. Reasons you find this resource objectionable:
5. Did you read, view, listen to, use the entire resource: Yes () No ()
Please comment on resource as a whole if possible and if not on objectionable parts:
What do you believe is the theme of the resource:

6. What do you request we do with this resource:
7. What resource(s) do you suggest to provide additional information on this topic:
8. What review(s) have you seen of this resource;
9. Is there anything you like about this resource
10. Additional Comments