

Statement of Concern about Library Resources

The Okeene Public Library

Name: _____

Date: _____

Address: _____

Phone: _____

City: _____ State: _____ Zip: _____

The resource you are commenting on: _____
Book/Magazine/Newspaper/AV resource/Digital resource/Library program/Other

Title: _____

Author/Publisher or Producer/Date: _____

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

- In its place, what material of equal or better quality would you recommend?
- What do you want the library to do with material?
- Add additional comments