Ellsworth Public Library
Statement of Concern About Library Resources

Name_____ Date _____

Address_____ Phone _____

City _____ State _____ ZIP_____

Resource on which you are commenting:

____ Book ____ Audio/Visual Resource ____ Other

____ Magazine ____ Newspaper ____ Content of Library Program

Title _____

Author/Publisher or Producer/Date:_____

1. What brought this resource to your attention?

2. To what do you object? Please be specific as possible.

3. Have you read/listened/watched the entire contents? 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 would you recommend?

7. What do you want the Library to do with this material?

8. Additional comments?