Millinocket 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/Publisher or Producer/Date: __________________

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 his 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 material?
8. Additional comments: