**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:

Approved by Board of Directors: October 18, 2018