



Statement of Concern

Before completing this form, please make sure you have read the Guidelines and Policy document as applicable to this Statement of Concern.

Name _____ Date _____

Street Address _____

(note: must be in Liberty Library's district and not a PO Box)

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Library Card Number of Person Named Above _____

1. Resource on which you are commenting:

Book Movie Audio Recording Magazine

E-book Streaming Video Other Newspaper

Title: _____

Author/Producer, Publisher & Date: _____

2. What brought this resource to your attention?

3. Have you read or listened or viewed the entire content? Yes No

If no, what sections did you review? (Please be specific indicating chapters, pages, etc.)

4. Do you object to the entire work or only to specific parts? (Explain using specific examples that will illustrate your concerns.)

5. Have you seen/heard a critic's review of this work? If yes, please include a citation for each review.

6. Is there a resource, or resources that you suggest the Library acquire in order to provide additional information and/or other viewpoints on the topic?

7. Please provide any other comments you may have about this item.

Signature: _____

Date: _____