

Statement of Concern About Library Resources

Date			
Name	Phone		
Address	City	State	Zip
Resource on which y	you are commenting:		
	BookAudio-Visual Resource		
	MagazineContent of Library Program		
	NewspaperOther		
Title			
Author/Publisher or	Producer/Date		
ruthor/rubhsher or			
1. What brought th	is resource to your attention?		

2. What is your concern? 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 this material?
- 6. What would you recommend the library do?
- 7. In its place, what material of equal or better quality would you recommend?
- 8. Additional comments:

Please return the completed form to the Library Director at PO Box 540, 912 City Rd., Manchester, MI, 48158.

Approved by Library Board 9 Jan 2006.