Jackson County Library
Statement of Concern About Library Resources
Policies #150, #190

Name ________________________________
Address ________________________________
Phone ________________________________

Title ________________________________
Author: ________________________________
Publisher: ________________________________

Book ___ Periodical ___ Video ___ CD ___ CD-ROM ___ Audio Book ___
Other ___

Do you represent: Yourself ________________________________
An organization _____ (name) ________________________________
Another group _____ (name) ________________________________

1. To what do you object to? (Please be specific and cite pages where possible)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Did you read/view/listen to the entire work? _____ If not, which parts did you read?

________________________________________________________________________

________________________________________________________________________

3. What do you feel might be the result of reading/viewing/listening to this material?

________________________________________________________________________

________________________________________________________________________

4. For what age group would you recommend this material?

________________________________________________________________________

5. What material of equal or better quality would you recommend?

________________________________________________________________________

6. Are you aware of any judgements of this work by literary or other established critics?

________________________________________________________________________

________________________________________________________________________

7. What would you like the library to do with this material? Please explain.

________________________________________________________________________

________________________________________________________________________
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__________________________________________  Date:
Signature: __________________________________

Staff Received by: ____________________________

Received by Director _________________________  Date:

Action Taken: ________________________________  Date: