

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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Signature: _____ Date: _____

Staff Received by: _____

Received by Director _____ Date: _____

Action Taken: _____ Date: _____