

## Statement of Concern About Library Resources Form

The library board of the Carnegie-Schadde Memorial Public Library has established a Materials Selection Policy and Art & Display Policy, and a procedure for gathering input about particular items. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, please return the completed form to the library director. Please be aware that once the reconsideration process has been completed for a specific resource, the resource will not be reconsidered again for 2 years after completion of the process.

Contact Info
First & Last Name
Today's Date
Home Address
City, State, Zip Code
Mailing Address (if different)
Phone Number
Email Address
Item of Concern    Mark an X by which type of resource on which you are commenting:   Book Media (DVD, CD, Videogame, etc.)   Book Media (DVD, CD, Videogame, etc.)   Artwork Display/Exhibit   Library Program/Event Other
Title/Description
Author, Creator, or Artist (if known)
Library Barcode # (if known)
Other identifying information about the item/event/display



- 1. What brought this item/event/display to your attention? Where/when did you encounter it?
- 2. What causes you concern about this item/event/display? Please be as specific as possible. Please know that the Library's policy prohibits the library from excluding materials because of expression of racial, religious, national, political, or social views.
- 3. What action are you requesting the library to do with this resource?
- 4. Are there resources you suggest to provide additional information and/or other viewpoints on the topic of this resource?
- 5. Do you want to meet with the Library Director to discuss your concern? (Please note that meetings with the Library Director are at the Library Director's discretion)
- 6. Additional comments (add additional sheet if more space needed)

By signing below, I certify that I have read/listened/viewed the entire content of the work prior to completing this form. I also certify that the information I provided above is accurate.

Signature:	Date:
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