Comment on Library Materials Form

The Library Board of Trustees have established guidelines for selection and a procedure for gathering input about particular items. Completion of this form is the first step in that procedure. Please return the completed form to the library director.

Name __________________________________________________________
Address __________________________________________________________
City ____________________________ State/Zip _________________________
Phone __________________________ Email __________________________
Do you represent self? ____ Or an organization? ____ (check one) Name of Organization __________________________

1. Resource on which you are commenting (check one):
   ___ Book (e-book) ___ Movie ___ Magazine ___ Audio Recording ___ Digital Resource ___ Game ___ Newspaper ___ Other
   Title ________________________________________________________________
   Author/Producer ____________________________________________________

2. What brought this resource to your attention?
   ________________________________________________________________

3. Have you examined the entire resource? If not, what sections did you review?
   ________________________________________________________________

4. What concerns you about the resource?
   ________________________________________________________________

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?
   ________________________________________________________________

6. What action are you requesting library administration consider?
   ________________________________________________________________

Signature: ___________________________ Date: ________________________