



# Big Rapids Community Library

## Statement of Concern About Library Resources/Item Review Form

YOUR NAME \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

COMPLAINANT REPRESENTS: \_\_\_\_\_ SELF \_\_\_\_\_ ORGANIZATION

IF AN ORGANIZATION IS REPRESENTED, PLEASE PROVIDE NAME

\_\_\_\_\_

LIBRARY MATERIALS CONCERNED:  BOOK  OTHER (PLEASE SPECIFY) \_\_\_\_\_

AUTHOR: \_\_\_\_\_

TITLE: \_\_\_\_\_

DID YOU READ THE MATERIAL IN ITS ENTIRETY? \_\_\_\_ YES \_\_\_\_ NO

IF NOT, WHAT PARTS DID YOU EXAMINE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW DID YOU COME TO SELECT THIS MATERIAL? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WAS THIS REQUIRED READING FOR YOU? \_\_\_\_ YES \_\_\_\_ NO

TO WHAT IN THE WORK DO YOU OBJECT? (PLEASE BE SPECIFIC. CITE PAGES, ETC.)

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IS THERE ANYTHING GOOD ABOUT THE MATERIAL? \_\_\_\_\_

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WHAT DO YOU BELIEVE IS THE THEME OF THIS MATERIAL? \_\_\_\_\_

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WHAT DO YOU FEEL MIGHT BE THE RESULT OF READING OR VIEWING THIS MATERIAL?

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WHAT WOULD YOU LIKE THE LIBRARY TO DO ABOUT THIS WORK? \_\_\_\_\_

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IN ITS PLACE, WHAT OTHER WORK WOULD YOU RECOMMEND TO PROVIDE ADDITIONAL INFORMATION ON THIS SUBJECT? \_\_\_\_\_

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YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_