



APPENDIX E

**STATEMENT OF CONCERN ABOUT LIBRARY RESOURCES
FORM**

Name: _____ Date: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

1. Resource on which you are commenting:

_____ Book	_____ Audiovisual Item
_____ Magazine	_____ Library Program
_____ Newspaper	_____ Other (Please specify)

Title: _____

Author/Producer: _____

2. Please characterize the resource on which you are commenting. (Check all that apply.)

____ Resource currently owned/presented by the Library
____ Resource you wish the Library to purchase/present
____ Resource offered as a gift to the Library
____ Other (please specify)

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3. Please comment on the specific matters which concern you, placing them in the context of the resource as a whole. Please tell us what course of action you recommend the library takes in response your concern. NOTE: Per Illinois House Bill 2789 and the American Library Association Library Bill of Rights, the library will not “proscribe or remove [materials] because of partisan or doctrinal disapproval” and prohibits the practice of banning books or other materials. (Use other side if needed.)

4. Have you read/viewed the resource in its entirety?

Signature

Staff member receiving form