Bulverde/Spring Branch Library
STATEMENT OF CONCERN ABOUT LIBRARY RESOURCES

Name_______________________ Date____________________
Address____________________ Phone____________________
City________________________ State______ ZIP__________

Resource on which you are commenting:
____Book ______DVD/Audio-visual Resource
____Magazine ______Content of Library Program
____Newspaper ______Other ________________________________________

Title: _______________________________________________________

Author/Publisher or Producer/Date: ________________________________

1. What brought this resource to your attention?

2. To what do you object? Please be as specific as possible.

3. Have you read or listened or viewed the entire content? If not, what parts?

4. What do you feel the effect of the material might be?

5. For what age group would you recommend this material?

6. In its place, what material of equal or better quality would you recommend?

7. What do you want the library to do with this material?

8. Additional comments:

B-34