

STATEMENT OF CONCERN

REQUEST FOR REVIEW

***Please complete this form and return it to
any Siouxland Libraries location.***



YOUR INFORMATION

DATE:

NAME

ADDRESS

ORGANIZATION (IF REPRESENTING)

ADDRESS #2 (OPTIONAL)

EMAIL

PREFERRED METHOD OF CONTACT

CITY

STATE

ZIP CODE

PHONE NUMBER

WHAT RESOURCE OR SERVICE ARE YOU COMMENTING ON? PLEASE BE SPECIFIC.

BOOK

AUDIOBOOK

MUSIC CD

MAGAZINE

NEWSPAPER

MOVIE

GAME

LIBRARY PROGRAM

DISPLAY/EXHIBIT

OTHER

TITLE

DATE (OF PROGRAM OR EXHIBIT)

AUTHOR OR PRESENTER

LOCATION (OF PROGRAM OR EXHIBIT)

PLEASE FILL OUT THE FOLLOWING QUESTIONS

CONTINUE ON THE BACK IF NEEDED

HOW DID YOU BECOME AWARE OF THIS ITEM/EVENT/PROGRAM/DISPLAY?

DID YOU READ, LISTEN TO, OR VIEW THE ENTIRE WORK, OR STAY FOR THE ENTIRE PROGRAM? IF NOT, WHICH PARTS DID YOU REVIEW?

WHAT CONCERNS YOU ABOUT THIS RESOURCE? PLEASE BE SPECIFIC; CITE PAGES, EXCERPTS OR SCENES WHEN POSSIBLE.

THANK YOU FOR YOUR COMMENTS. A LIBRARIAN WILL CONTACT YOU TO DISCUSS YOUR CONCERNS.