Statement of Concern about Library Resources

This form may be used to express concern regarding the library collection, programs, displays/exhibits, or meeting rooms. Concerns will be dealt with promptly and courteously.

Statement of Concern about Library Resources

Please complete this form and return it to:

Atchison Public Library
401 Kansas Ave.
Atchison, KS 66002

Or email director: jslingsby@atchisonlibrary.org

Today’s Date _______________________

Name of Individual or Group ______________________________________________________

Contact Person ________________________________________________________________

Phone _________________________ Email _________________________________________

Address _________________________________________________________________

City___________________ State __________________ Zip Code_____________

1. Resource of concern:
   a. [ ] Book or Magazine
   b. [ ] Video/DVD
   c. [ ] Audio recording/CD
   d. [ ] Electronic information
   e. [ ] Library program
   f. [ ] Display/exhibit
   g. [ ] Meeting room
   h. [ ] Other (please explain)__________________________________________

   Resource description: (title, author, artist, program name, etc)
2. Have you (please select all that apply):
   a. [ ] Read the Book or Magazine
   b. [ ] Viewed the Video/DVD
   c. [ ] Listened to the Audio recording/CD
   d. [ ] Viewed the Electronic information
   e. [ ] Attended the Library program
   f. [ ] Viewed the Display/exhibit
   g. [ ] Attended the Meeting
   h. [ ] Other

3. How did you find out about the resource(s)?

4. What are you concerns about the resources(s)?

5. What action do you seek as a result of your concern?