



Fargo Public Library

Statement of Concern about Library Resources

The Library Board of Directors has authorized the use of this form.

Your Name: _____

Address: _____

Phone: _____ Email: _____

Do you represent self? ____ Or an organization? ____ Name of organization: _____

Are you a Fargo resident? ____ Yes ____ No (indicate city of residence): _____

1. Resource on which you are commenting:

Title _____

Author/Producer _____

____ Book ____ Movie ____ Audio recording ____ Magazine

____ Digital resource ____ Library exhibit ____ Content of library program

____ Other (please describe)

2. Have you examined the entire resource?

____ Yes ____ No ____ Some (indicate which sections)

3. For what age group is this resource intended?

4. What brought this resource to your attention?

5. Explain the purpose and theme of this resource as you understand it.

6. What concerns you most about this resource? Please be specific; cite page numbers if applicable.

7. What resources of equal literary quality covering the same subject or context would you recommend for library purchase? (Optional)

8. What action are you requesting the library consider?

Date: _____

Signature: _____