



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?

