

# 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.