



Statement of Concern about Library Resources

1763 Helderberg Trail Berne, New York 12023

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Do you represent: yourself an organization _____

Type of resource on which you are commenting:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Book | <input type="checkbox"/> Video/DVD | <input type="checkbox"/> Audio Recording |
| <input type="checkbox"/> Periodical | <input type="checkbox"/> Electronic Information | <input type="checkbox"/> Library Program |
| <input type="checkbox"/> Display | <input type="checkbox"/> Other _____ | |

Title _____

Author/Producer _____

What brought this resource to your attention? _____

Have you examined the entire resource? _____

What concerns you about the resource? (Use the back to complete your information if needed)

What resource do you suggest to provide additional information and /or other viewpoints on this topic. _____

Signature

Date

Please return this completed form to the Director of the Berne Public Library