

MENTOR PUBLIC LIBRARY
STATEMENT OF CONCERN REGARDING LIBRARY MATERIAL

Please note: your request will become a matter of public record, including your name and address.

Your Name: _____

Address: (must be in the Mentor Public Library service district):

Phone/email: _____

Representing: Self _____ Other Individual _____ (Name _____)
Organization _____ (List Name : _____)

Item Title: _____

Author or Artist: _____

Publisher: _____ Publication Date: _____

Book _____ Magazine _____ Video _____ Music _____ Other: _____ (Please specify)

1. Did you read, view, or listen to the entire work?

_____ Yes

_____ No (If 'No,' please do so. The Library will not consider a statement of concern if the material is not examined in full.)

2. How did this resource come to your attention?-

3. What concerns do you have regarding the work? Please be specific. (Attach additional pages if needed)

4. What action would you want to see the Library take?

5. Are there other resources you would suggest to provide additional for supplemental information and/or other viewpoints on this topic?

Have you read the following (mark YES or NO):

- Mentor Public Library's Collection Development Policy (1501.00)
- Mentor Public Library's Statement of Concern Policy (1502.00)
- Freedom to Read Statement (1503.00)
- Freedom to View Statement (1504.00)

Signature(s) _____ Date: _____