

## Statement of Concern Regarding Library Material

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you represent: Yourself \_\_\_ Organization: \_\_\_ Name of organization: \_\_\_\_\_

Have you reviewed the Rapid City Public Library's Collection Development Policy? Yes \_\_\_ No \_\_\_

\*\*\*\*\*

Title: \_\_\_\_\_

Author/Producer: \_\_\_\_\_

Format:

\_\_\_\_\_ Book

\_\_\_\_\_ Audiovisual (DVD, Blu-Ray, Book on CD)

\_\_\_\_\_ Magazine or Newspaper

\_\_\_\_\_ Other: \_\_\_\_\_

Have you reviewed the entire item? \_\_\_ Yes \_\_\_ No

If not, which sections have you reviewed?

What specifically concerns you about this title?

What action are you requesting regarding this title?

What alternate or additional resources do you suggest the library provides on this topic?