

Cragin Memorial Library
Statement of Concern About Library Resources

The Cragin Memorial Library has established a materials selection policy and procedure for gathering input about particular items. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, please return the completed form to the Library Director.

Name: _____ Date: _____

Full Address: _____

Phone: _____ Email: _____

Library Card Number: _____

Do You Represent Yourself? _____ Or an organization? Name of Organization: _____

Item of Concern: _____

Author/Producer: _____

Format: _____ Date of Work: _____

☐ I attest that I have read/viewed/listened to the resource in its entirety.

Signature: _____ Date: _____

What concerns you about the resource? Please explain your concerns about this resource, citing up to three specific quotes or incidents, providing page numbers or timestamps.

What brought this resource to your attention?

Are there resources you suggest to provide additional information and/or other viewpoints on this topic?

What action are you requesting the Library consider?
