

HORSHAM TOWNSHIP LIBRARY | GRIEVANCE ABOUT LIBRARY RESOURCES

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ ZIP _____

Type of material about which you are commenting:

_____ Book	_____ Audio-visual Material	_____ Magazine
_____ Newspaper	_____ Content of Library Program	_____ Other

Title: _____

Author/Publisher or Producer/Date: _____

1. What brought this material to your attention?
2. To what do you object? Please be as specific as possible.
3. Have you read or listened or viewed the entire content? If not, what parts?
(Please indicate pages, audio tracks, or sections so that library staff can locate the portion for review.)
4. What do you feel the effect of the material might be?
5. For what age group would you recommend this material?
6. In its place, what material of equal or better quality would you recommend?
7. What do you want the library to do with this material?
8. Additional comments: