Orion Township Public Library
Statement of Concern Regarding Library Resources

The Board of Trustees of the Orion Township Public Library has authorized the use of this form as part of its Reconsideration of Library Materials policy. Completed forms will be handled within the designated department. Please return form and material in question a librarian. Material will be reviewed by the department head and the library director. If necessary, material will be reviewed by the Library Board of Trustees. The submitter will be notified regarding the decision of the library staff and/or board.

Date: ________________________________

Name: __________________________________________

Address: __________________________________________

________________________________________________

________________________________________________

Phone: __________________________________________

Patron represents: ______________________ Self ___ Organization:

___ I meet the definition of an Orion Township Public Library patron as defined in the Library Card Policy: Patron – Resident: Available to any individual who lives or owns property in Orion Township or the Village of Lake Orion.

Title of item: __________________________________________

Author: __________________________________________

Format (e.g. book, CD, DVD): __________________________________________

What brought this resource to your attention? ________________________________

Have you read, view, or listened to the entire work? (Requestors must read, hear, or view the entire work to have their challenge considered.) __________________ Yes ___ No

What concerns you about this material? ________________________________

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________________________________________________

________________________________________________

Are there other resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

________________________________________________________________________

Signature of Submitter: __________________________________________