

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? _____

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

Signature of Submitter: _____