Statement of Concern

If you wish to request reconsideration of library materials, please complete the form below.

Please note the following before completing the form:
   a. your request will be sent the Executive Director and the Library Board. Your request will become a matter of public record, including your name and address.

   b. Only Allegheny County Library card holders may submit a Statement of Concern

   c. Only one Statement of Concern may be submitted per year per item.

   d. Final decisions rest with the Executive Director and the Library board. There is no appeal after this point.

   e. All questions on the form must be answered. Leaving a question blank will result in immediate rejection of request.
Statement of Concern

Baldwin Borough Library Statement of Concern regarding Library Materials

Request Initiated by: _________________________________ Date: __________

Anonymous requests will not be accepted

Request represents  ____Individual
      ____ Organization   Name ________________________________
      ____ Other          Name ________________________________

Address

Title: ________________________________
Author: ________________________________

1. Have you read or viewed the entire work?   YES   NO   If not, what parts?

2. To what in the material do you object? Please be specific: cite pages or sections.

3. What do you believe is the theme of this material?
4. What do you feel might be the result of reading or viewing this material?

5. Have you read any reviews of this material?   YES   NO   If yes, please specify

6. Do you think this material would be more appropriate for a different age group? Please explain:

7. What would you like the library to do about this material?

8. Can you recommend other material that would convey as valuable a picture and/or perspective of the subject treated?   YES or NO   If yes, please specify:

________________________________________________________________________ ___________
Signature                                           Date

Action Taken:

________________________________________________________________________ ___________
Director’s Signature                                  Date