

Statement of Concern

The Board of Trustees of the Moffat Library of Washingtonville have 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 register a Statement of Concern about a resource, please return the completed form to the Library Director. Please note the following:

- Each question must be answered completely or the form will not be reviewed. This includes all contact information. Unsigned forms or forms submitted anonymously will not be reviewed.
- Only Moffat Library of Washingtonville cardholders may submit this form. If you are a taxpayer of the Washingtonville Central School District and do not have a card, you may apply online on the Moffat Library website or apply in person at the Library.
- Only one resource may be listed on this form.

Date: Name:			
•	. ,		
City:	State:	Zip Code:	
Phone:	Email:		
Library Card Number of Person Named	Above:		
1. Resource on which you are comme	Resource on which you are commenting:		
☐ Book (or e-book) ☐ Movie		☐ Audio Recording	
☐ Digital Resource ☐ Video G	ame	Other (please specify):	
Title:			
Author/Producer:			
2. What brought this resource to your	attention?		

(continued on next page)

Statement of Concern (cont)

	Have you read/viewed/listened to the entire resource?		
	Do you object to the entire work or only to specific parts? (Explain, with specific examples that will illustrate your concerns.)		
•	Have you seen/heard a critic's review of this work? If yes, please include a citation for each review.		
	Are there resource(s) you suggest the Library acquire in order to provide additional information and/or other viewpoints on this topic?		
	Please provide any other comments you may have about this item.		
	Your Signature:		
	Today's Date:		

Statement of Concern form Adopted by Board of Trustees on 7/1/21