



**Ankeny Kirkendall Public Library**  
**Statement of Concern about Library Materials, Programs & Displays**  
**Reconsideration Request Form**

Date \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Resource on which you are commenting: \_\_\_\_\_

Book       Magazine       Video       Newspaper       Audio Recording  
 Electronic Resource       Other \_\_\_\_\_

2. What brought this resource to your attention?

3. Have you examined the entire resource? (Read the entire book, watched the entire DVD, etc.)

4. What concerns you about the resource? (Use other side or additional pages as necessary)

5. Are there resources you suggest to provide additional information and/or other viewpoints on this topic?