



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?