

STATEMENT OF CONCERN
About Resources and Policies at Marshalltown Public Library

Please fill in this form completely. Only written concerns will be considered by the Library Board of Trustees. Please return this form in person or by mail to:

Library Director
105 W. Boone St.
Marshalltown, IA 50158

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

1. If you have a general concern about a subject area or policy, please comment below:

How would you suggest the library remedy this concern? (e.g. what books need to be added; points of view reflected)

2. If you wish to comment on a specific item, please note the author and title below:

TITLE _____

AUTHOR _____

FORMAT: ___Book ___Audiobook ___DVD ___Magazine/Newspaper

What brought this item to your attention?

Please comment on the item as a whole as well as being specific on those matters which concern you. Please use the other side of this page if needed.