

**OLDS & DISTRICT MUNICIPAL LIBRARY
EXPRESSION OF CONCERN/REQUEST OF ASSESSMENT
REGARDING LIBRARY MATERIALS**

Title	Author
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Complainant's Name

Address	Phone
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Do you represent: Yourself _____ Organization _____

Concerns About the Material:

What do you object to in this material? Please be specific, give page numbers, and use extra pages if necessary:

Did you read/view/listen to the entire part of this material?

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If only part of the material, which part(s)?

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Is there anything worthy or redeeming about the material?

For what age group would you recommend this material?

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What is the theme of this material?

In its place, what material would you recommend that would better convey the viewpoint perspective of the subject treated?

Are you requesting any specific action, besides reconsideration of the material being in the Library's collection? If so, what?

Complainant Signature _____ **Date** _____