

Reconsideration of Library Resources

Date: _____

Catskill Library & Palenville Branch Library

Type of resource to be reviewed (please circle):

Book

Audiobook

DVD

Electronic Resource

Music CD

Newspaper

Magazine

Other _____

Title _____

Author (if applicable) _____ Publication Year: _____

What brought this resource to your attention? _____

Have you examined the entire resource? YES NO

If not, note the pages/ section to be reviewed: _____

What is your specific complaint?

Can you suggest additional resources and/or other viewpoints on this topic?

Name _____

Phone _____

Email _____

Director Signature: _____ Date: _____