

**Complete this form and return it to:  
Sumner Public Library, Attn: Library Director, 206 N. Railroad St., Sumner, Iowa 50674.  
You may use the other side of this form or attach additional pages as necessary.**

Today's date \_\_\_\_\_

Name of Individual or Group \_\_\_\_\_

Contact person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

**1. Resource of concern: (check the item)**

Book or magazine    Video/DVD    Audio recording/CD

Electronic information    Title, author, artist \_\_\_\_\_

Library program    Meeting Room    Other \_\_\_\_\_

Title, date, time, location \_\_\_\_\_

**2. Have you examined the entire resource(s)?    Yes    No**

**3. How did you find out about the resource(s)?**

**4. What are your concerns about the resource(s)?**

**5. What action do you seek as a result of this Expression of Concern?**

Library use only:

Expression of Concern received by SPL staff member \_\_\_\_\_ Date \_\_\_\_\_

Notes/comments/actions

02/15/2018