

Statement of Concern about Library Programs

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Program or event on which you are commenting:

Title: _____

Date: _____

Location: _____

Audience: ___Adults ___Families ___Teens ___Children

1. What brought this program to your attention?
2. Did you attend the entire program? If not, what, if any, part(s) did you attend?
3. What are your concerns about this program? Please be specific.
4. Did you share your concerns with library staff at the program? What was their response?
5. What, in your opinion, were the positive aspects of this program?
6. What program(s) would you recommend to replace or supplement this program?