Avon Free Public Library
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?

Please return the completed form to Glenn Grube, Library Director, ggrube@avonctlibrary.info