Name: Click or tap here to enter text. Date: Click or tap to enter a date.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. ZIP Click or tap here to enter text.

Phone: Click or tap here to enter text.

Resource on which you are commenting: Choose an item.

Title: Click or tap here to enter text.

Author/Publisher or Producer/Date: Click or tap here to enter text.

1. What brought this resource to your attention? Click or tap here to enter text.
2. To what do you object? Please be as specific as possible. Click or tap here to enter text.
3. Have you read or listened or viewed the entire content? Click or tap here to enter text. If not, what parts? Click or tap here to enter text.
4. What do you feel the effect of the material might be? Click or tap here to enter text.
5. For what age group would you recommend this material? Click or tap here to enter text.
6. In its place, what material of equal or better quality would you recommend? Click or tap here to enter text.
7. What do you want the library to do with this material? Click or tap here to enter text.
8. Additional comments: Click or tap here to enter text.