



# TORRINGTON LIBRARY

ENGAGING • ENRICHING • EMPOWERING

## Statement of Concern about Library Resources

The Torrington Library Board of Trustees has authorized the use of this form. The person who has a concern about a resource in the library's collection may fill it out and return it to the Library Director who will evaluate the original reasons for the purchase. The Library Director will then respond to the person making the objection. If there are any remaining objections, they may be brought to the attention of the Library Board of Trustees.

The freedom to read, along with the freedom to hear and to view, is protected by the First Amendment to the U. S. Constitution and shall not be restricted or abridged based on the content or viewpoint expressed in the materials in the MLSC collection.

Patron Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

### Type of Resource:

- Book                       Movie                       Audiobook                       Magazine  
 Video Game                       Digital Resource                       Newspaper  
 Other \_\_\_\_\_

Title: \_\_\_\_\_

Author/Editor: \_\_\_\_\_

Publisher: \_\_\_\_\_

Date of Publication: \_\_\_\_\_

Have you examined the entire resource?                       Yes                       No

Have you read, listened to or viewed the entire resource?                       Yes                       No

If not, what parts have you examined?

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What brought this resource to your attention?

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To what do you object? Please be as specific as possible, including citations and quotes:

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Who would be negatively impacted by this material and how (citations and evidence required):

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For what age group would you recommend this resource? \_\_\_\_\_

Explain the purpose of this material:

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What positive qualities does the material present?

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How has the material been assessed in professional review sources (include citations)?

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Explain how the material fails to meet Intellectual Freedom standards:

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What would you replace the material with (include titles and professional reviews of replacements):

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Why do you believe you should be able to restrict the reading choices of CT state library community?

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Patron Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*To be considered each form must be signed and filled out in its entirety.

Return to:  
Torrington Library  
Attention Library Director  
12 Daycoeton Place  
Torrington, CT 06790