

West Bend Public Library Statement of Concern Form

The West Bend Public Library welcomes community feedback about library materials, programs, or practices. Before submitting this form, please review the information below:

- Individuals are encouraged to discuss concerns with the Library Director before submitting this form.
- Items, programs, or practices under review will remain available or unchanged during the concern process.
- Statements of Concern are reviewed by the Board of Trustees at a regularly scheduled meeting held in open session, as required by Iowa law. Submitted forms become public records.
- The Board of Trustees will make a final decision regarding the concern.
- The same item, program, or practice may be reviewed through this process no more than once every five (5) years.

Submitting this form begins a formal review under the Library's policies and the principles of intellectual freedom.

Contact Information

Name: _____
Address: _____
City / State / ZIP: _____
Phone: _____ Email: _____

☐ I am a resident of West Bend or rural Palo Alto or Kossuth Counties.

Item, Program, or Practice of Concern

(Only one item, program, or practice may be listed per form.)

Title or Name: _____
Author / Presenter / Sponsor (if applicable): _____
Format or Type (book, program, display, policy, etc.): _____
Library location or program date (if known): _____

Nature of the Concern

Please describe the specific part(s) of the item, program, or practice that concern you. Page numbers, scenes, dates, or examples are helpful.

Basis of the Concern

(Check all that apply. This section helps categorize the concern. Please explain your selections in the Statement of Concern below.)

- ☐ Content
- ☐ Language
- ☐ Age appropriateness
- ☐ Accuracy or timeliness
- ☐ Representation of viewpoints
- ☐ Inclusion or exclusion of material
- ☐ Other: _____

Review of the Item or Program

- ☐ I have read, viewed, listened to, or attended the entire item or program
- ☐ I have reviewed only part of the item or program

Statement of Concern

Please explain your concern and why you believe the item, program, or practice does not align with the Library's policies or mission.

Requested Outcome

(Please note that submitting this form does not guarantee a specific action.)

- ☐ No specific action requested; statement submitted for consideration
 - ☐ Reconsider inclusion or continuation
 - ☐ Reclassify, relocate, or modify
 - ☐ Other (please explain): _____
-

Signature: _____ Date: _____

For Library Use Only

Date Received: _____

Reviewed by: _____

Board Review Date (if applicable): _____

Final Decision: ☐ No change ☐ Modify ☐ Remove ☐ Other _____