



REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

Do you represent yourself? _____ an organization? _____
(If an organization, please identify: _____)

Resource on which you are commenting:

____ Book ____ Magazine ____ Audio Recording
____ Textbook ____ Library Program ____ Newspaper
____ Video/DVD ____ Electronic information/network (please specify)
____ Display ____ Other _____

Title _____

Author/Producer _____ Publication Date: _____

1. Have you read the entire book and/or reviewed the media in its entirety? YES NO
If not, please do so before completing and submitting this form.

2. To what in the material do you object? (Please be specific; cite pages, etc.)

3. What do you believe might be the result of using this material?

4. For what age group would you recommend this material?

5. In its place, what material of equal quality would you recommend that could be used to teach similar subject matter? _____

6. What do you believe should be done with the material in question?

Remove it from the library.

Do not allow my child to access this resource.

Complainant signature _____

Date _____

Return the signed form to your campus librarian.