



REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

Type of material Book ___ DVD ___ Music CD ___ Audibook ___ Other _____

Title _____

Author/Editor _____

Publisher (if known) _____

Request initiated by _____

Library Card # _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email Address _____

Complainant represents:

_____ Self

_____ (Name of Organization) _____

_____ (other) _____

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

2. Did you read, listen to, or view the entire material? _____ If no, what parts?

3. In your opinion, is there anything good about the material?

4. What action do you suggest the library take regarding this material?

5. Can you suggest another item to take this one's place?

Complainant's signature _____ Date _____

*** This form is a public document, but the Library will maintain patron confidentiality and not share their personal name or contact information.**