

**CITIZEN'S REQUEST FOR RECONSIDERATION
OF INSTRUCTIONAL MATERIALS**

AUTHOR _____ MEDIA _____

TITLE _____

Publisher (if known) _____

Request Initiated by _____

Telephone _____ Address _____

City _____ Zip Code _____

COMPLAINANT REPRESENTS

Himself/Herself
 (Name of organization) _____

(Identify Other Group) _____

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

2. Did you read or view the entire item? _____ What parts? _____

3. Have you spoken with professional educators about this material?
_____ Yes _____ No

4. What would you like your school to do about this?

- Do not assign it to my child.
- Withdraw it from all students.
- Send it back to the building for re-evaluation.
- Assign to another age/grade level.

(Signature of Complainant)

(Date)