

## Request for Reconsideration of Library Materials

Date: \_\_\_\_\_

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

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

City / State / Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Do you represent:

Yourself?

An organization?

If an organization, please identify: \_\_\_\_\_

Location of Resource \_\_\_\_\_

**Resource on which you are commenting:**

Movie

Website

Software application or other educational technology

Book

E-Book

Magazine

Newspaper

Audio recording

Textbook

Video/Streaming Media

Library program

Electronic information/network (*please specify*): \_\_\_\_\_

Other: \_\_\_\_\_

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

Author/Producer: \_\_\_\_\_

1. Have you reviewed the resources in their entirety? *(If not, please do so before completing and submitting this form.)*  
 Yes  
 No
2. To what in the resource do you object? *(Please be specific. Cite pages and the like.)*
3. What do you believe might be the result of using this resource?
4. For what age group would you recommend this resource?
5. In its place, what resource of equal quality would you recommend that could be available in libraries?
6. What do you believe should be done with the resource in question?  
 Remove it from the classroom library.  
 Remove it from the school library.  
 Consider alternative level library, ie intermediate or high school library.  
 Use it as resource material or a choice selection.

Complainant's signature: \_\_\_\_\_

Date: \_\_\_\_\_