

**Thompson School District R2-J, Loveland, Colorado**

**PUBLIC COMPLAINT ABOUT INSTRUCTIONAL MATERIALS**

**Citizen's Request for Review of Instructional Materials**

School in which the material is being used: \_\_\_\_\_

Your Name (*please print*): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Address: \_\_\_\_\_

Complainant represents: Self \_\_\_\_\_ Organization/Group \_\_\_\_\_ (Name of group) \_\_\_\_\_

Do you have a student who attends the school listed above?  Yes  No

Please check the type of material in question:		
<input type="checkbox"/> Book	<input type="checkbox"/> Video	<input type="checkbox"/> Kit
<input type="checkbox"/> Magazine	<input type="checkbox"/> Audio	<input type="checkbox"/> Other _____
<input type="checkbox"/> Pamphlet	<input type="checkbox"/> Software	_____

Title of material: \_\_\_\_\_

Author/Distributor: \_\_\_\_\_ Copyright Year: \_\_\_\_\_

*The following questions are to be answered after the complainant has read, viewed or listened to the material. If sufficient space is not provided, attach additional sheets. (Please sign your name to each additional attachment.)*

1. Did you read, view, or listen to the material in its entirety? \_\_\_\_\_

2. Where is the material being used? Classroom \_\_\_\_\_ Library \_\_\_\_\_

3. If it is being used in a classroom, please provide the following information:

Grade \_\_\_\_\_ Name of class or subject \_\_\_\_\_

Teacher \_\_\_\_\_

4. Are students required to use the material?  Yes  No  I don't know

5. Have you read reviews of this material by reputable sources? If so, please list sources.

\_\_\_\_\_

6. To what do you object? (Please be specific. Cite pages or particular sequences of material.)

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7. What do you believe is the theme or purpose of this material? \_\_\_\_\_

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8. What do you feel might be the result of a student using this material? \_\_\_\_\_

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9. Would you recommend this material for a different age group? \_\_\_\_\_

10. What other materials of the same subject and format would you recommend?

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11. What is your request in regard to this material?

- |   |   |
|---|---|
| <input type="checkbox"/> Do not assign it to students at this grade level | <input type="checkbox"/> Withdraw it from use at the school               |
| <input type="checkbox"/> Require parental permission for use              | <input type="checkbox"/> Refer it to an official committee for evaluation |

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Signature of complainant

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Date

***Please return completed form to the school principal.***

***(Principal will send copies of completed form to Director of Curriculum and to Media Services.)***