

**Instruction**

**Exhibit - Library Media Resource Objection Form**

*Use this form to submit feedback and/or complaints about the District's library media resources. Please complete this form and return it to the Building Principal, who will submit it to the Superintendent or designee. Please print.*

\_\_\_\_\_  
Book/Library Resource Title

\_\_\_\_\_  
School

Please explain why you object to this library resource and state your desired outcome, if any. Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Complainant name (please print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address

Complainant represents:

Student

Parent/guardian of student

Other

\_\_\_\_\_  
Complainant address

\_\_\_\_\_  
Complainant signature

\_\_\_\_\_  
Date

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*Completed by the Superintendent or designee.*

Written response provided to Complainant on: \_\_\_\_\_ (attach response to this form)

\_\_\_\_\_  
Superintendent or Designee Signature

\_\_\_\_\_  
Date

