

**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