

COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT
REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL AND MEDIA CENTER MATERIALS
(Print and non-print)

Author _____ Type of material _____

Title _____

Publisher (if known) _____

Multimedia Material, if applicable _____

Title _____ Producer (if known) _____

Type of Material (website, online resource, film strip, motion picture, etc.) _____

Request initiated by _____

Address _____ Telephone _____

City/State _____ Zip Code _____

Complainant represents: Self

(Name organization) _____

(Identify other group) _____

1. To what in the material do you object? (Please be specific.) _____

2. What do you feel might be the result of reading/viewing this material? _____

3. For what age group would this material be appropriate? _____

4. What could be the instructional value in this material? _____

5. Did you read/view the entire material? _____ If not, what parts? _____

6. What influenced you to cause this complaint on this material? _____

7. In the place of this item would you care to recommend other material which you consider to be of equal or superior quality for the purpose intended? _____

8. What would you like your School/District to do about these materials? _____

9. Do you wish to make an oral presentation to the Reconsideration Committee? Yes No

10. Initial contact was made with _____, _____
(Name of Person) (Date)

11. Additional contacts were made with _____, _____
(Name of Person) (Date)

Please file with the: Superintendent
300 W Broadway, Suite 1600
Council Bluffs, IA 51503

*This form can be submitted by electronic media.

Approved: July 21, 1992 Reviewed: April 27, 2004
Feb. 10, 2009

Revised: July 21, 1998
May 28, 2013
April 24, 2018
December 13, 2022