F-8 2020

Richland School District

Instructional Material Complaint Form

Complainant's Name _____ Date _____

Address _____ City _____ Phone _____

Complainant represents: ☐ Self ☐ Organization _____
(give name of organization)

Resource on which you are commenting (check one):

☐ Book ☐ Audiovisual Resource ☐ Magazine
☐ Newspaper ☐ Content of Library Program ☐ Other: _____

Title _____ Author _____

Publisher or Producer (if known): _____

1. Did you read, hear, or see the entire content? ☐ Yes ☐ No What parts?

2. For what age group would you recommend this material?

3. To what material do you object and what is the basis for your objection?
   (Please be specific: cite page number).

4. What would you like to have done about this material?

PLEASE RETURN THIS FORM TO THE BUILDING PRINCIPAL