REGIONAL SCHOOL UNIT NO. 5

CITIZEN'S CHALLENGE OF EDUCATIONAL MEDIA FORM

Type of Material: ___Book ___Magazine/Periodical ___Video Recording
___Audio Recording ___Software/Application ("App")
___Other (Please specify)_____

Author/Creator (if known)_____

Title_____

Publisher (if known)_____

Person making complaint:_____

Telephone_____ Address_____Email_____

Complainant represents:____Myself
____Group/Organization_____

1. To what portion of the material do you object? (Please be specific, cite pages, scenes, etc.)_____
2. What do you feel might be the negative result of reading/viewing/hearing this material?_____
3. For what age group would you recommend this material?_____
4. Is there anything valuable about this material?_____
5. Did you read/view/hear all of the material?____ If not, what parts did you read/ view /hear?_____
6. Are you aware of the professional reviews/judgment of this material?_____
7. What do you believe is the theme and/or intention of this material?_____

_____

8. What would you like the school to do about this material?
   ___ Do not assign it to my child.
   ___ Do not assign it to any students.
   ___ Withdraw it from the library and/or instructional program.
   ___ Refer it to the Educational Media Review Committee for evaluation.

9. In its place, what material would you recommend?_____
   _____

_____ _____
Signature of Complainant Date

Adopted: July 8, 2009
Reviewed: December 14, 2011
Reviewed: October 25, 2017
Revised: June 3, 2026