

D032.4

Citizen's Request for Reconsideration of Library Material

For request to be considered, all fields must be completed and form must be signed.

Complainant's Name _____

Address _____

City _____ Telephone _____

E-mail Address _____

Complainant represents:

_____ Self

_____ Organization (name) _____

_____ Other Group (name) _____

Type of material: _____

Title _____

Author/Creator _____

1. Please indicate specifically the nature of your complaint about this item. (Cite pages or other details as needed.) _____

2. Please state specifically what you believe to be the primary harm which might occur from this item. _____

3. For what age group would you recommend this item? _____

4. Is there anything good about this item? _____

5. Did you examine the entire work or only parts? _____

If you did not examine the entire work, please indicate the portions you completed.

6. Are you aware of any professional reviews of this item? _____

7. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic? _____

Date

Signature of Complainant

This request will be reviewed in accordance with the established procedures of the St. Charles City-County Library District.