

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

Name of Complainant

Address

City _____ State _____ Zip _____

Phone _____

Complainant represents: Him/Herself ____ Organization (Name)_____

Objection:

Title _____ Author _____

Format _____

Specific nature of the complaint: _____

Signature of Patron _____ Date _____

Received by Director _____ Date _____