Request of Reconsideration of Materials

Date:_____

Title:_____Author/Publisher:_____

❑ Book ❑ Periodical ❑ DVD ❑ Audiobook ❑ Other_____

Request initiated by:_____Phone:_____

Address:_____City:_____State_____Zip:_____

Do you represent:

❑ Yourself ❑ An organization (name)_____ ❑ Other_____

1. To what in the material do you object? _____

   _____

2. Will you identify exactly the passages or segments you feel to be objectionable and state the grounds for your opinion? _____

   _____

3. Did you examine the entire work?_____
4. What do you believe to be the theme of this work?_____

   _____

5. What do you feel might be the result of using this work?_____
6. Is there anything good about this item?_____If so, what?_____
7. Are you aware of the judgment of this item by professional critics?_____
8. Would you recommend this material for any given age group?_____ If so, which?_____
9. Do you feel harm would result from reading/watching this item?_____ If so, what harm?_____

   _____

10. What would you like the library to do about this work?_____
11. In its place, what work would you recommend _____

Signature:_____