Request for Reconsideration of Materials

Author: _____

Title: _____

Publisher (if known): _____

Request initiated by: _____

Telephone Number: _____

Address: _____

City and State: _____ Zip Code: _____

Are you a registered borrower of this library? _____ Card #: _____

Complainant represents (Check One) ☐ Self
☐ Organization _____
Organization name

1. What is your objection to the material? (Please be specific; cite pages; if additional space is required, use back of form or additional sheet of paper.)

_____
_____

2. What do you feel might be the result of reading or using this material?

_____
_____
Why?_____

3. Did you read or examine the material thoroughly? _____

4. In your judgment, is the material of any value? _____

5. Are you aware of the judgment of this material by literary critics? _____

6. What do you believe is the theme or purpose of this material?_____
_____

7. In its place, what material of equal literary quality would you recommend that would convey as valuable a picture and/or perspective on the subject?
_____
_____

Signature of Complainant_____

Received by _____ Date _____