

Request for Reconsideration of Library Materials

School Information:

School name: _____

Media Specialist: _____

Complainant's role in the school: parent faculty/staff community member

Library Material Information:

Title of material: _____ Author: _____

Format of materials (book, video, etc.): _____

Publisher: _____ Copyright date: _____

Call Number: _____

Request for Reconsideration initiated by:

Name: _____ (print)

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Complainant represents (circle one): himself/herself a group

If representing others, write name(s), address(es), and phone number(s) below. Attach additional pages if necessary.

Evaluation (attach additional pages as needed):

1. I have read/viewed the material in its entirety (circle one): Yes No
2. Please summarize the work in your own words.

3. To what in the material do you object? Please be specific and cite page numbers, if possible.

4. What do you feel might be the result of a student reading/viewing this material? Please be specific and cite page numbers, if possible.

5. What do you like or find positive about this material?

6. Is there any age group you feel should be allowed access to this material? If yes, who or what group? Please be specific and explain your reasoning.

7. Is there any age group you feel should NOT be allowed access to this material? If yes, who or what group? Please be specific and explain your reasoning.

8. What would you like the school to do about this material? (Circle one)

*Remove the material from the collection**Restrict access to the material*