

Request for Reconsideration of Library Materials

Author/Artist _____ Title _____

Publisher (if known) _____

1. How was this material brought to your attention?
2. What objections do you have to the material?
3. Did you read, see or hear the entire material? _____ IF not, what parts?
4. What do you feel might be the result of reading, seeing or listening to this material?
Did it have this effect on you?
5. What reviews of this material have you read?
6. In your opinion, is there anything good about this material, any redeeming quality?
7. What do you believe is the theme of this material?
8. Additional comments (use back if necessary)

Date _____ Name (please print) _____

Signature _____ Phone Number _____

Address _____

Complainant represents him/herself? _____
Organization _____

Please return to the Tipton Public Library and give to the Library Director. Thank you.