

FRL Request for Library Material Reconsideration Form

Branch Library

Name _____ **Date** _____

Address _____

City _____ **State** ____ **Zip Code** _____ **Phone** _____

Are you representing:

_____ **yourself**

_____ **child**

_____ **organization, by the name of**

_____ **other, identify** _____

Is the material to which you are objecting found in a:

_____ **book**

_____ **magazine**

_____ **newspaper**

_____ **video**

_____ **library-sponsored program**

_____ **audio recording**

_____ **display**

_____ **website accessible through the Internet**

_____ **other, please be specific** _____

Title/Name _____

Author/Producer _____

Have you examined the entire material? ____ **yes** ____ **no** **If no, which parts have you reviewed?** _____

What concerns you about the material? List specific pages or other identifying information.

For what age group would you recommend this material?

Is there anything good about the material?

Are you aware of the judgement or review of this material by critics and/or professional librarians?

What do you believe to be the theme of the material?

Why do you think the author wrote or produced the material?

What would you suggest we do about the material?

What material of equal or greater value would you recommend for us to purchase to take the place of this material in this collection?

Signature of Complainant

Date signed