Request for Reconsideration of Library Materials Form

Author ____________________________________________________________

Title ______________________________________________________________

Publisher __________________________________________________________

Complainant represents:

Self (please circle)

Organization or agency (please name) __________________________________

1. Did you read the entire material? _______ If no, what pages or section did you read?

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

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

4. To what in the material do you object? Please be specific; cite pages.

5. Is there anything good about this material?

Name of complainant (please print) ______________________________________

Street Address ______________________________________________________

City, State, Zip Code __________________________________________________

Telephone (day) _____________________________________________________

Signature of complainant _____________________________________________

Action taken by State Library _________________________________________ Date __________

Review committee members and titles

____________________________________________________________________

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