

CITIZEN'S REQUEST FOR RECONSIDERATION OF MATERIALS

Date: _____

Author: _____

Title: _____

Publisher: (If Known) _____

Request Initiated by: _____

Address _____

City _____ Phone Number: _____

Are You an Acorn Library Patron? _____ Card # _____

Complaint represents: Self _____ Organization Name _____

Please state your objection to the material: _____

What do you feel might be the result of reading or using this material? Please explain:

Did you examine the material thoroughly? _____ If not, what parts did you
examine? _____

In your opinion, is the material of any value? _____

Are you aware of any statements of this material by literary critics? _____

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

As a replacement, what material of equal literary quality would you recommend that would convey as valuable a picture and or perspective on the subject? _____

Your completion and signing of this form identifies you with specific library materials. As Such, the information you provide in completing this form will be kept confidential by the Acorn Public Library District.

Signature of Complainant

Received by: _____ Date: _____

*To be turned in to the Director and re-evaluated by the selection committee.