

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Title _____
Author _____ Book _____ Film _____
Other _____
Publisher/Producer _____ For Grade Level _____

Please use the back or an additional sheet of paper
if needed for any of the following questions.

Request Initiated by (Name) _____ Date _____

Address _____

Complainant Represents Self _____ Organization _____

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

2. Is your objection to this material based upon personal exposure to it, upon reports you have heard, or both?

3. Have you read/heard/seen the material in its entirety?

4. To what do you specifically object:

5. Does the material have any merit or value for a specific population or age group?

6. For what age group do you believe this material would be appropriate?

7. Are you aware of the judgment regarding this book or material by literary or educational reviewers?

8. What action would you recommend be taken regarding the use of this material?

Signature _____ Date _____

Please return signed form to: Director
Iola Public Library
218 East Madison
Iola, Kansas 66749