

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

_____	_____
_____	_____
_____	_____