

**CITIZEN REQUEST  
FOR  
RECONSIDERATION OF LIBRARY MATERIAL**

AUTHOR:

TITLE:

PUBLISHER: (if known)

PLEASE CHECK IF AUDIO-VISUAL MATERIAL

TYPE OF MEDIA (CD, DVD, audiobook, etc.)

REQUEST INITIATED BY:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

ZIPCODE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

COMPLAINT REPRESENTS SELF \_\_\_ OR ORGANIZED GROUP \_\_\_

IF GROUP, NAME OF GROUP \_\_\_\_\_

WHAT IS YOUR CRITICISM OF THIS WORK? PLEASE CITE SPECIFIC PASSAGES,  
PAGES, SECTIONS, ETC.

HAVE YOU READ/VIEWED/LISTENED TO THE WHOLE WORK?

FOR WHAT AGE GROUP WOULD YOU RECOMMEND THIS WORK?

DATE \_\_\_\_\_ SIGNATURE OF COMPLAINANT \_\_\_\_\_