

Please fill out this form completely and give it to a library staff member. The Director will reply to your complaint in writing.

Type of Material (check one)

Adult Fiction
 Juvenile Fiction
 Periodical

Adult Non-Fiction
 Juvenile Non-Fiction
 Audiovisual Material

Title _____

Author _____

Publisher/Copyright Date _____

Request initiated by _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone _____

Do you represent:

Yourself
 An organization (name)

1. To what in the material do you object? Please be specific: cite pages and specific passages. Use an additional sheet if necessary.

2. Are your objections based on (check all that apply)

religious principles
 moral teachings
 other (please explain)

political beliefs
 inaccuracies

**3. Did you read the entire work? _____
If not, what part(s) did you read?**

4. What part(s) of the work do you think are accurate and valuable?

5. What do you feel would be the result of reading this matter?

6. What do you believe the theme of this work to be?

**7. Are you aware of judgments of this work by literary critics? _____ If
yes, what reviews have you read?**

8. For what age group would you recommend this work?

9. What action are you requesting the library to take in regard to this work?

**10. If you are requesting withdrawal of the work, what work would you
recommend in its place that would convey as valuable a picture of the
subject treated?**

Signature

Date

Approved 7/1/02