

Sample Request for Reconsideration of Materials Form

School _____

Please check type of material: *Book* *Periodical* *Pamphlet* *Audio Visual*
 Electronic Information *Other*

Title _____

Author _____

Publisher, Producer _____

Request initiated by _____

Telephone _____ *Address* _____

City _____ *ZIP* _____

Complainant represents:

Self
 Organization, name: _____
 Other (identify) _____

1. *Did you read, view or listen to the material in its entirety? Yes* ____ *No* ____
2. *What concerns you about the resource? Please be specific. Cite pages, words, etc.*

3. *Have you discussed your concerns with the classroom teacher, library media teacher or principal?* _____
4. *Have you discussed this material with your child?* _____
5. *Are you aware of the judgment of this material by reviewers or critics?* _____

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

7. *What would you like your school to do about this material?* _____

Signature of complainant _____ *Date* _____