

Branch _____

Staff: _____

St. Lucie County Library Request for Reconsideration of Library Material

For requests to be considered, all fields must be completed and form must be signed.

Complainant's Name _____

Address _____

City _____ State & Zip _____

Telephone _____ Email address _____

Complainant represents:

_____ Self

_____ Organization (name) _____

_____ Other Group (name) _____

Type of Material (Book, DVD, Book on CD):

Title _____

Author/Creator _____

1. Please indicate specifically the nature of your complaint about this item.

(Cite pages or other details as needed.)

2. Please state specifically what you believe to be the primary harm which may occur from this item.

3. For what age group would you recommend this item? _____

4. Is there anything good about this item?

5. Did you examine the entire work or only parts? _____

If you did not examine the entire work please indicate the portions that you completed.

6. Are you aware of any professional reviews of this item?

7. Are there resources you suggest to provide additional information and/or other viewpoints on this topic?

Date

Signature of Complainant