

REQUEST FOR RECONSIDERATION OF DISPLAY/EXHIBIT



Date: _____ Location _____

Name: _____ Phone: _____

Email address: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Complaint represents:

Self Organization (please name) _____

Other (please specify) _____

Have you seen the display/exhibit? Yes No

What is your concern or objection? _____

_____ (continue on back)

Are you familiar with the library's display/exhibit policy? Yes No

What would you like the library to do concerning the display/exhibit?

Signature of Complainant

Staff Member Receiving Request

Do not write below this line

Comments: _____

Signature of Library Director _____