

CUSTOMER'S REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL (PLEASE PRINT)



TITLE _____

AUTHOR _____

PUBLISHER (if known) _____ FORMAT _____

Request Initiated By _____

Phone _____ Address _____

City _____ State _____ Zip _____

Client Represents:

- Dependent Himself/Herself
- Organization _____
- Group _____

1. Have you read/listened to the entire book/series or have you watched the entire program*?
 YES *Requests for Reconsideration will not be accepted if the entire work has not been examined by the complainant.

2. Why do you disapprove of the material? (Be specific: cite pages; use the back of this form if necessary)

3. What do you suggest the Library do about this material?

4. Do you have a suggestion for a similar book or DVD that you would recommend for use in the Library?

Signature of Client _____ Date _____

Rec'd by Staff Member: _____ (Name) Date: _____

Rec'd by Branch Manager: _____ (Name) Date: _____