

Clinton Public Library

Request for Reconsideration

Name: _____ Date: _____

Address: _____ Phone Number: _____

Complaint Represents: Self Family Member Organization: _____

Title of material: _____ Author of material: _____

Request for Reconsideration of Item in Library Collection

1. Have you read the book or listened to/viewed the item in its entirety? Yes No If not, why not?

2. Have you seen or heard reviews of this material? If yes, please name the source.

3. What do you believe is the theme of this work?

4. To what in the work do you object? Please be specific and cite pages.

What alternative suggestions could we use to resolve this issue?

Signature of Complainant: _____

Received by: _____ Date and time received: _____

The staff signature means that this complaint has been officially received. It is not an indication of agreement. Necessary actions will be taken only by the Director and/or the Board of Trustees.