

Lake County Library System

Request for RECONSIDERATION OF LIBRARY MATERIALS

Title: _____

Author: _____ Item Barcode Number: _____

Hardcover Book Paperback Book Magazine Recording Video Other: _____

Call Number or Current Location : _____

Name of Library circulating material: _____

Request Initiated by:

Name: _____ E-mail Address: _____

Address: _____
Street City State Zip

Phone: (Home #) _____ (Work #) _____ (Cell #) _____

Whom do you represent? Yourself An Organization (Please name) _____
 Other Group (Please name) _____

1. To what in the work do you object? (Please be specific, cite pages, scenes, language, etc.)

2. What do you feel might be the result of reading/viewing/listening to this material?

3. Is there anything good about this material?

4. For what age group would you recommend this material?

___ Pre-School ___ Child ___ Young Adult ___ Adult

5. Did you finish the entire work? ___ Yes ___ No If not, which parts have you read/viewed/listened to?

6. Are you aware of the judgment of this work by professional critics?

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

8. In its place, what work of equal quality would you recommend that would convey a similar picture and perspective of this topic?

9. What action would you like the library to take regarding this material?

(If you require more space to answer any question above, please attach additional pages)

Signature of Complainant

Date