



Request for Reconsideration of a Title or Program

Name: _____

Address: _____

Tel: _____ Email: _____

Complaint Represents: Self Organization _____
(please name)

1. Resource or program on which you are commenting:

Title: _____

Author/Presenter: _____

2. Format

Book Audio Recording Video Magazine Electronic Resource

Display Newspaper Library Program

Other: _____

3. To what in the title do you object? Please be specific (cite pages, etc.)

4. What do you feel might be the result of reading/viewing/listening?

5. For what age group would you recommend this title or program? _____



6. Is there anything good about this title or program?

7. Did you read/view/listen to the entire title? **YES** or **NO**

8. Are you aware of authoritative reviews by library critics? **YES** or **NO**

9. What do you believe is the theme of this title or program?

10. What would you like the Sparwood Public Library to do about this title or program?

11. In its place, what title of equal literary quality would you recommend?

12. Additional Comments

Signature of Complainant