Request for Reconsideration of an Item

	Date		
Request Initiated by:			
Address:	Phone: ()	
Complainant represents:			
Himself/herself			
Group of Organization:			
Author:Publishe	r:		
Title:			
1. Why do you object to this item?			
<u> </u>			
2. To what, specifically, do you object?			
			,
·			
3. Was this item recommended to you?			
3. Was this item recommended to you:			
4. Did you view the entire item?If not, what p	arts?		
5. Is there anything good about this item?			
6. What do you believe to be the theme of this item?			
7. What do you think might be the result of viewing this ite	am ²		
7. What do you think might be the result of viewing this it	ziii:		
-			
· · · · · · · · · · · · · · · · · · ·			
8. For what age group would you recommend this item?			

9. Are you aware of the judgment of professional critics concerning this item?	
10. What reviews of this item have you seen?	
11. What would you like the library to do about this item?withdraw it from all library patronsmake it available to only certain age levels – list these:re-evaluate the item	
12. Do you know an item you could recommend as a suitable substitute having the same literary and conveying a similar perspective?	merit
Cignothuro of Complainant	
Signature of Complainant	

Adopted: 3/5/2019 Reviewed: 3/8/2022