

# CUSTOMER'S REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

1 Request Initiated By		
Last Name	First Name	Middle Initial
Address (Street)		
(City)	(Province)	(Postal Code)
Telephone (Residence)	(Business)	(Cell)
E-mail		
I bring forward this request on behalf of:		
<input type="checkbox"/> Myself <input type="checkbox"/> Group/organization (indicate name):		
2 Material to be Reconsidered		
Title		
Author/Performer	Publisher (if known)	
Type of material: <input type="checkbox"/> Book <input type="checkbox"/> Magazine <input type="checkbox"/> DVD/Video <input type="checkbox"/> CD <input type="checkbox"/> Other		
<i>Details:</i>		
1. What do you object to in the material? (Please be specific; cite pages, passages, tracks, etc.; use extra sheets if needed.)		
2. Did you read/view/listen to the entire material? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what parts?		
3. What are some good or positive things you found in this material?		
4. For what age group would you recommend this material?		
5. What reviews or interpretations of this work have you consulted?		

6. What do you believe is the overall theme of this material?

7. What other material of equal or greater value serving substantially the same purpose would you recommend in place of this?

8. How would you like your concern to be resolved?

9. Further comments:

**3** Signature of Complainant

Date (DD/MM/YYYY)

**Internal Use Only:**

Date (DD/MM/YYYY)

Received by Staff Member