

Central Mississippi Regional Library System

Citizen's Request for Reconsideration of Material

Name of person completing form:

Address:

City:

State:

Zip:

Phone:

Complainant represents: Her/Himself Other Individuals Organization

Title of Material:

Author:

Publisher:

Type of Material (e.g. book, DVD, etc.):

(Use back side of form if necessary to complete the following):

1. What do you object to in the material? (Please be specific, citing pages or location.):

2. What do you feel might be the result of exposing people to this material?

3. For what age group (if any) would you recommend this material?

4. Is there anything good about this material?

5. Did you read/hear/view the entire material? Yes No

6. If no, which parts did you read/hear/view?

7. If you have not read the material in its entirety, are you willing to do so prior to the request for re-evaluation?
Yes No

8. Are you aware of the judgment of this material by literary critics? Yes No

9. What do you suggest as a replacement for this material?

Signature:

Date: