

Request for Formal Reconsideration of Library Materials

Date:	
Name:	
Address:	
City / State / Zip code:	
Phone number:	
Email:	

I am a: *(select one of the following)*

- CFISD Student, 18 years or older
- CFISD Employee
- Parent of CFISD Student
- Resident in CFISD

Library material on which you are requesting reconsideration:

- Book
- E-Book Website
- Software application or other educational technology
- Magazine
- Newspaper
- Audio recording
- Video/Streaming Media
- Library program
- Electronic information/network *(please specify):* _____
- Other: _____

Title:	
Author/Producer:	

1. Have you reviewed the resources in their entirety? *(If not, please do so before completing and submitting this form.)*

- Yes
- No

2. What brought this material to your attention?

3. What concerns you about the resource? *(Please be specific. Cite pages and the like.)*

4. What do you believe might be the result of using this material?

5. Are there resource(s) you suggest that provide additional information and/or other viewpoints on this topic?

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

7. What do you believe should be done with the material in question?

- Reclassify library material.
- Remove the material from the library.
- Do not allow my child to use this material.

Complainant's signature:	
Date:	