

Deerfield Public Library
Request for Reconsideration of Library Materials

Date: _____
Author: _____
Title: _____
Publisher: _____
Request initiated by: _____
Address: _____
Telephone number: _____
E-mail address: _____

Complainant represents:
_____ Self
_____ Group or Organization _____

1. Why do you object to this book/CD/DVD, etc?
2. To what specifically do you object?
3. What do you feel might be the result of contact with this item?
4. For what age group would you recommend this item?
5. Is there anything good about this item?
6. Did you read/listen to/view the entire item? _____ If not, what parts did you complete?
7. What do you believe to be the theme?
8. Are you aware of the judgment of this item by professional critics?
9. What reviews of this item have you seen?
10. What would you like your library to do about this item?

Signature of Complainant _____ Date: _____