Deerfield Public Library
Request for Reconsideration of Library Materials

Date: _____________________________

Author: ___________________________________________________________________

Title: ____________________________________________________________________

Publisher: __________________________________________________________________

Request initiated by: _________________________________________________________

Address: ___________________________________________________________________

Telephone number: ___________________________________________________________

E-mail address: __________________________________________________________________

DPL Card Number: ___________________________________________________________

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: _________________