

Taber Public Library

Request for Reconsideration of Library Materials

Fitle: _. Please	circle one) Hardcover Paperback Video/Dv	d CD/Cassette Book-on-Tape Magazine	
Publis	her/Distributor (if known):		
Comp please	lainant's name, address & phone number print)	r:	
Comp	laint represents: i) Individual ii) Name of Orga iii) Identify other		
Ι.			
2.	What do you feel might be the result of reading/viewing/listening to this title?		
3.	Do you feel there is anything good about this title?		
4.	Did you read/view/listen to this entire title? If not, what parts?		
õ.	Are you aware of the judgement of this title by library critics? Have you read any reviews of this title?		
5.	What do you believe to be the theme of the title?		
7.	For what age group would you recommend this title?		
3.	What would you like your library to do about this title?		
	withdraw from areconsider where	ll patrons e title is kept in the library's collection	
).	Is there a title of equal merit that you would recommend to replace this title? If so, would it convey as valuable a perspective or message of the subject treated in this title?		
10.			
	Date	Signature of Complainant	