



Taber Public Library

Request for Reconsideration of Library Materials

Title: _____
(Please circle one) Hardcover Paperback Video/Dvd CD/Cassette Book-on-Tape Magazine

Author: _____

Publisher/Distributor (if known): _____

Complainant's name, address & phone number: _____
(please print) _____

Complaint represents: i) Individual _____
 ii) Name of Organization ____
 iii) Identify other group _____

1. To what do you object (Please be specific, cite pages, scenes or track numbers)

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? _____

5. Are you aware of the judgement of this title by library critics? Have you read any reviews of this title? _____

6. What do you believe to be the theme of the title? _____

7. For what age group would you recommend this title? _____

8. What would you like your library to do about this title?
_____ withdraw from all patrons
_____ reconsider where title is kept in the library's collection

9. 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. Other comments? _____

_____ Date _____ Signature of Complainant

A SERIOUS CONSIDERATION OF THIS REQUEST WILL TAKE TIME AND A REPLY FROM THE LIBRARY BOARD WILL BE SENT AS SOON AS POSSIBLE.