

# REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS



## GENERAL INFORMATION – PLEASE PRINT CLEARLY

LAST NAME		FIRST NAME	
ADDRESS		APT. No.	PO Box
CITY	STATE	ZIP	
PHONE		EMAIL	
Do you have a valid CAFÉ library card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you represent: <input type="checkbox"/> Yourself <input type="checkbox"/> An Organization/Group _____		

## RESOURCE ON WHICH YOU ARE COMMENTING

<input type="checkbox"/> book/eBook	<input type="checkbox"/> film	<input type="checkbox"/> newspaper or magazine
<input type="checkbox"/> digital resource	<input type="checkbox"/> audio recording	<input type="checkbox"/> other _____

TITLE

AUTHOR

PUBLISHER

What brought this item to your attention?

Did you read/listen to/view the entire work? ☐ Yes ☐ No

If not, what parts?

**What do you find objectionable in this work? Please be specific, e.g. cite pages or timestamp.**

**What do you feel might be the result of reading/listening to/viewing this work?**

**Are you aware of judgments of this work by reviewers and critics?**

**What action would you recommend the library take regarding this material?**

**Do you have suggestions for other materials that the Library should consider on this subject?**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_