

REQUEST FOR FORMAL REVIEW OF LIBRARY MATERIALS

School \_\_\_\_\_ Date \_\_\_\_\_

Please check type of material:

- |                                     |  |                                 |
|-------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Book       | <input type="checkbox"/> Film, Video   | <input type="checkbox"/> Record |
| <input type="checkbox"/> Periodical | <input type="checkbox"/> Filmstrip     | <input type="checkbox"/> Kit    |
| <input type="checkbox"/> Pamphlet   | <input type="checkbox"/> Cassette Tape | <input type="checkbox"/> Other  |

Title \_\_\_\_\_  
Author \_\_\_\_\_  
Publisher or Producer \_\_\_\_\_

Request initiated by:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Before the following questions are answered, it is requested that the complainant read, view, or listen to the material in its entirety. If sufficient space is not provided, attach additional sheets. Please sign your name to each additional sheet.

1. Have you read, viewed, or listened to this material in its entirety? Yes \_\_\_\_\_ No \_\_\_\_\_  
What do you understand to be the theme or purpose of this material?

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**2. To what in the material do you object? (Please be specific, cite pages, frames in a filmstrip, film sequence, video scene, etc.)**

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**3. What do you feel might be the effect on a student using this material?**

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**4. For what age group would you recommend this material?**

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**5. Do you see anything of value in this material? Please comment.**

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**6. What is your recommendation concerning this material?**

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7. Do you recommend other school library material on the same subject and format that you feel would be more appropriate for this age level?

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Signature of Complainant

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Date

Please return the completed form to the principal within 15 working days.