

Title: _____ Last _____ First _____ Initial _____ Hardcover ____ Paper ____

Material located at _____ School
Learning Center

— Her/himself
— Name of organization: _____
— Other group: _____

— Parent of a child at the school
 — Staff member of the school
 — Student at the school
 — Other
 (explain) _____

_____ Yes
_____ No

1. Please briefly summarize the work.
2. To what in this material do you object? Please be specific. (Cite pages, if applicable.)

3. What do you fee might be the result of reading, viewing, or listening to this material?
4. For what age group would you recommend this material? Why?
5. Are you aware of the judgment of this material by literary critics? Please list and summarize.
6. As a result of your complaint what action would you wish to occur?
- ☐ Restrict access for my child
 - ☐ Restrict access to the material
 - ☐ Remove the material from the library

Signature of Complainant	Printed Name	Date
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Street Address

City	Zip	Phone
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Please return the completed form to the Learning Center Director

APPROVED: April 10, 2007