

SECTION D  
Collection Management

D032.4

Collection Management Policy  
Citizen's Request for Reconsideration of Library Material

Complainant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Complainant represents:

\_\_\_\_\_ Himself

\_\_\_\_\_ Organization (name) \_\_\_\_\_

\_\_\_\_\_ Other Group (name) \_\_\_\_\_

Type of material: \_\_\_\_\_ Video Cassette \_\_\_\_\_ Audio Recording  
\_\_\_\_\_ Book \_\_\_\_\_ Periodical \_\_\_\_\_ Other

Title \_\_\_\_\_

Author \_\_\_\_\_

1. Please indicate specifically the nature of your complaint about this item. (Cite pages or other details as needed) \_\_\_\_\_

2. Please state specifically what you believe to be the primary harm which might occur from this item. \_\_\_\_\_

3. For what age group would you recommend this item? \_\_\_\_\_

4. Is there anything good about this item? \_\_\_\_\_

5. Did you examine the entire work or only parts? \_\_\_\_\_ (If you did not examine the entire work please indicate the portions you completed) \_\_\_\_\_

6. Are you aware of any professional reviews of this item? \_\_\_\_\_

7. In its place, what item of equal quality would you recommend? \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Complainant

This request will be reviewed in accordance with the established procedures of the St. Charles City-County Library District.

(Revised 11/10/86)