

## SHAWANO COUNTY LIBRARY MATERIALS RECONSIDERATION FORM

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title of  
Material: \_\_\_\_\_

Author/Artist: \_\_\_\_\_

***Please briefly answer the following questions about the item that you would like to have reconsidered.***

1.	Did you obtain the item at Shawano County Library, or did you place it on hold to be delivered by another library?	
2.	How did you learn of this item?	
3.	What are your objections to this item?	
4.	What harm do you feel might result from reading/viewing/listening to this work?	
5.	Did you read/view/listen to the work in its entirety? If not, what parts did you read/view/listen to?	
6.	Have you read any professional reviews of the work? If so, please list the names of critics and sources of reviews.	
7.	What do you think are the main ideas of the work or what was the author's/artist's purpose in creating this work?	
8.	What suggestion do you have for a work with a similar purpose to replace this item?	

9.	What would you like the Library to do with this material?	
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Signature of Complainant

\_\_\_\_\_

Date

Complainant represents:  Individual  Organization, please name: \_\_\_\_\_

\_\_\_\_\_

Signature of Library representative receiving this form

\_\_\_\_\_

Date

**Thank you. The Library Director will respond to your concerns in a timely fashion.**