

Material Review Form

Date_____

Name_____

Address_____

Telephone_____

AUTHOR_____

TITLE_____

Do you have a current library account? YES____ NO____

Have you read the material in its entirety? YES____ NO____

Did you check out the material? YES____ NO____

Was it obtained by someone else who checked it out?

YES____ NO____ If YES, by whom? _____

Cite page numbers, chapters or sections of the book, periodical, pamphlet which prompted your objection.

Please write in the space below (and continue on back of page, if necessary) your reasons for finding the material offensive and indicate whether or not you feel the material is objectionable for all readers or a particular age group. Please indicate your objections as completely and specifically as possible.

This form, when completed, will be submitted to the Library Director and then submitted to the Library Board of Trustees at its next regularly scheduled meeting for final action. You will be notified of the disposition of the complaint.

Taken by_____Staff Member

Date: