Wadleigh Memorial Library
Request Form - Reconsideration of Library Materials and Programs

Format of material or Program:
____ Book  ____ Magazine  ____ Audiobook  ____ Video  ____ Music  ____ Program  ____ Other

Title: _________________________  Program Title: ______________________________________
Author: _______________________  Presenter: ___________________________________________
Publisher: _____________________

Request initiated by: _________________________________
Address: _________________________________________
City/State/Zip: _____________________________________
Phone: (____)________________ Email: _____________________________________

Complainant represents:  ___ Themself  ___ Organization (please identify): ____________________________

PLEASE RESPOND TO THE FOLLOWING QUESTIONS. If sufficient space is not provided, you may
use the reverse side of this sheet.

☐ Did you read/view/listen to the entire book/item?

☐ To what in the material do you object? Please be specific, cite pages, etc.

☐ What do you feel might be the result of reading/viewing/listening to this material?

☐ For what age group would you recommend this material?

☐ Is there anything good about this material?

☐ What do you believe is the theme of this material?

☐ In its place, what material do you recommend that would provide adequate information on the
subject?

☐ What action do you request the library to take?

__________________________  _______________________
Signature of Complainant    Date

Print or Type Name

A response from the Wadleigh Memorial Library regarding the Request for Reconsideration of Library Materials and
Programs shall be available after its consideration by a Review Committee and/or the Library Board of Trustees.