



Main Library - 146 Madison Rd., Suite 101 Orange VA 22960
Wilderness Branch - 6421 Flat Run Rd. Locust Grove VA 22508
Gordonsville Branch – 319 N. Main Gordonsville VA 22942

Request for Reconsideration of Library Materials Form

Title _____

Format _____ Author _____

Request initiated by: _____

Made on behalf of: Himself/herself _____ organization/group: _____

To what in the work do you object? (please be specific, cite pages/scenes if poss.)

Which parts of the work did you read/view/hear?

What do you feel would be the result of reading/viewing/hearing this work?

What would like your library to do about this work?

Do not lend it to my child _____

Return it to the selection staff for reevaluation _____

For what age group would you recommend this work?

Is there another work you would like to recommend that covers the same subject with similar depth, perspective and value? _____

Are you aware of the judgments made about this work by reviewers and literary critics?

No _____ **Yes** _____

Complainant Signature: _____ **Date** _____

Contact information for response (to be provided within 14 days): _____

Address _____

Phone: _____

E-mail: _____

Received by Library Staff member _____ **(Name)**

Date: _____
