

**DCL 4-1-2 PATRON'S REQUEST FOR RECONSIDERATION
OF LIBRARY MATERIAL**

Date of Request_____

Patron's Name_____

Address_____

City_____

I represent:

____ myself and/or my minor child

____ Organization (Name) _____

____ Other _____

Type of Material: ____ Video Cassette ____ DVD ____ CD/Audio Recording

____ Book ____ other ____ Periodical

Title:_____

Author:_____

1. Please, indicate specifically the nature of your complaint about this item.
(Cite pages and/or other details as needed)_____

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

3. In its place, what item would you recommend? _____

Date_____

Signature_____

Printed Name_____

This request will be reviewed by the Director of the Library in accordance
with the Library's Collection Management Policy