



Citizen's Request for Appeal of Reconsideration

Subject: Complaint Forms
Code: 3-309c
Section: Service Policies

Author of book in question: _____

Title: _____

____ Hardcover

____ Paperback

____ Other

Publisher: _____

Request initiated by: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email Address: _____

Complainant represents:

____ Self

____ Other

_____ Name of Organization

[If objection is to material other than a book, change the wording of the following questions so that they apply.]

1. Are you appealing a decision made on a request for reconsideration you made or someone else?

2. Why do you feel the initial decision made by the Library was incorrect?

3. Have you read or reviewed the material in its entirety? If not, list what parts below.

4. Do you believe this material has a use or value in the Library collection?

5. What action do you recommend be taken regarding the use of this material?

6. Other Comments:

7. Signature of Complainant and date:

8. Received by signature and date:

9. Supervisor or Branch Manager signature and date:

10. Administrative Librarian signature and date:
