



Kewaunee Public Library Formal Reconsideration of Materials Form

Please complete all fields below. We will attempt to evaluate your complaint quickly and fairly.

Name: _____

Email: _____

Daytime Phone Number: _____

Are you a Kewaunee Public Library cardholder? Yes or No If the answer is "No," please state the name of any public library of which you are a card-holder. _____

Title of Material: _____

Author of Material: _____

Form of Material (such as book, film, audiobook, periodical): _____

Please state your comment, suggestion, or criticism of the material as clearly as possible (if you need more room write on the back or end of this page): _____

Did you read, see, listen to, or use the material in its entirety? Yes No If you answered no, which parts did you read, see, listen to or use? _____

You are representing: Self Group Name of group: _____

Signature: _____ Date: _____

(Please print, sign, and return this completed form to the library.)

For Library Use Only: Document reconsideration outcome below.