

Kewaunee Public Library



Formal Reconsideration of Materials Form

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

Name: _____

E-mail: _____

Daytime Phone Number: _____

Are you Kewaunee Public Library cardholder? Yes ___ or No ___

If the answer above is "no", please state the name of any public library or which you are a card-holder.

Title: _____

Author: _____

Form of Material (e.g. book, film, audiobook, periodical): _____

Please state your comment, suggestion, or criticism of the material as clearly as possible (need more room write on the back):

Did you read, see, listen, or use the material in its entirety? _____

If no, which parts?

You are representing: _____ Self _____ Group

Name of group: _____

Signature: _____ Date: _____

For Library use Only:

Reconsideration Outcome: _____