## CHESTER COUNTY LIBRARY REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Author:Title:	
Publisher (if known):	
Request initiated by:	
Address:	
Telephone:	
City, State, ZIP:	
Complainant represents:  Him/Herself  An Organization (please name organization)	
Use the back of this sheet, if necessary, to answer the following questions:	
1. To what in the book or other item do you object? (Please be specific; cite page	ges)
2. What do you feel might be the result of reading/hearing this item?	
3. For what age group would you recommend this item?	
4. Is there anything good about the item?	
5. Did you read/listen to the entire item? YES NO If not, what parts did you ex-	amine?
6. Are you aware of the judgment of this item by literary critics?	
7. What do you believe is the theme and purpose of this item?	
8. What other book or item of equal or superior literary quality, serving substantial same purpose, would you recommend in place of this?	tially the
Date:	
Signature of Complainant:	
FOR STAFF USE ONLY:  Received by (staff member's name):  Date:  Location:	