



## CITIZEN'S REQUEST FOR RECONSIDERATION OF MATERIAL

AUTHOR		HARDBACK		PAPERBACK	
TITLE					
PUBLISHER (if known)					

REQUEST INITIATED BY			
PHONE NUMBER			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
COMPLAINANT REPRESENTS		THEMSELVES	
		ORGANIZATION (Please Name.)	
		OTHER (Please Name.)	

1. TO WHAT IN THE MATERIAL DO YOU OBJECT? <i>Please be as specific; include page numbers.</i>
2. WHAT DO YOU FEEL MIGHT BE THE RESULT OF THIS MATERIAL IF VIEWED BY OTHERS?
<b>QUESTIONS CONTINUED ON BACK →</b>

Contact Us  
WWW.LCPL.ORG

Laurens Branch  
1017 West Main Street  
Laurens, SC 29360  
(864)681-7323

Clinton Branch  
107 Jacobs Hwy #A  
Clinton, SC 29325  
(864)833-1853

<b>CONTINUED FROM FRONT</b>	
3. WHAT AGE GROUP WOULD YOU RECOMMEND THIS ITEM?	
4. IS THERE ANYTHING GOOD ABOUT THE CONTENTS?	
5. DID YOU EXPERIENCE THE FULL CONTENTS? <i>If your answer is no, what parts did you view?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. ARE YOU AWARE OF CRITIQUES MADE BY LITERARY CRITICS OF THIS MATERIAL? <i>Please provide an example.</i>	
7. WHAT DO YOU BELIEVE IS THE THEME OF THE ITEM?	

8. WHAT WOULD YOU LIKE LAURENS COUNTY PUBLIC LIBRARIES TO DO ABOUT THIS MATERIAL?	
	<i>WITHDRAW IT FROM ALL PATRONS.</i>
	<i>REEVALUATION OF BOOK BY SELECTION COMMITTEE.</i>
9. WHAT ITEM OF EQUAL LITERARY QUALITY WOULD YOU RECOMMEND THAT WOULD CONVEY AS VALUABLE A PICTURE AND PERSPECTIVE OF OUR CIVILIZATION?	
10. ARE YOU AWARE OF THE FREEDOM TO READ STATEMENT AND THE LIBRARY BILL OF RIGHTS OF THE AMERICAN LIBRARY ASSOCIATION (ALA)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SIGNATURE OF COMPLAINANT	
PRINT NAME (First, Last)	
DATE	

**OFFICE USE ONLY**

RECEIVED DATE		BY	
---------------	--	----	--