

**Graves County Public Library**  
**Complaints/Requests for Reconsideration of Library Materials Form**

(This form may be printed out and returned to the library)

Title of item \_\_\_\_\_ Book\_\_ Magazine\_\_ Other\_\_

Author of item \_\_\_\_\_

Request initiated by \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Do you represent

\_\_\_\_ Yourself

\_\_\_\_ An organization (name) \_\_\_\_\_

\_\_\_\_ Other group (name) \_\_\_\_\_

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1. Did you read or view the entire work? \_\_\_\_\_ What parts did you read or view?

2. To what in the work do you object? (Be specific; cite pages, sections etc.)

3. What do you believe is the theme of this work?

4. In your opinion, is there anything good about this work?

5. What do you feel might be the result of reading or viewing this work?

Signature \_\_\_\_\_ Date \_\_\_\_\_