



**P O Box 125 385 W 2<sup>nd</sup> Street Ione, OR 97843 [www.ionepubliclibrary.com](http://www.ionepubliclibrary.com) 541-561-9828**

## **Request for Reconsideration of Library Material**

Author: \_\_\_\_\_

Title: \_\_\_\_\_

Publisher: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Complainant represents (please check one):  Self  Organization

Name of Organization: \_\_\_\_\_

Please answer the following questions to the best of your ability. Use the back of sheet or an additional piece of paper, if necessary.

1. To what in the material do you object? (Please be specific)

2. What do you feel might be the result of reading or viewing this material?

3. For what age group would you recommend this material?

4. Is there anything good about the material?

5. Did you read or view the material in its entirety? If not, what parts did you examine?
  
6. Are you aware of the judgment of this material by professional reviewers?
  
7. What do you believe is the theme of this material?
  
8. What would you like the District to do about this material?
  
9. What do you see as the purpose of this material?
  
10. What other material, serving substantially the same purpose, would you recommend in place of this material?

Please return this form, with the date and your signature written below, to:

Ione Public Library  
P O Box 125  
Ione, OR 97843  
[ionelibrary@gmail.com](mailto:ionelibrary@gmail.com)

If you have questions, please call us at 541-561-9828.

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Signature of Complainant

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Date