

**KEOKUK PUBLIC LIBRARY  
REQUEST FOR RECONSIDERATION**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street Address                                      City                                      State                                      ZIP

Requests the Reconsideration of: \_\_\_\_\_

\_\_\_\_\_ Title

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

Why do you object to this item?  
\_\_\_\_\_

To what specifically in the item do you object?  
\_\_\_\_\_

What do you feel might be the result of exposure to this material?  
\_\_\_\_\_

Is there anything good about this item?  
\_\_\_\_\_

For what age group would this material be suitable?  
\_\_\_\_\_

Did you view the entire material? \_\_\_\_\_ If not, what parts?  
\_\_\_\_\_

What do you believe to be the theme of this item?  
\_\_\_\_\_

Are you aware of the judgment of this material by professional critics?  
\_\_\_\_\_

What review of this item have you seen?  
\_\_\_\_\_

What would you like your library to do about this item?  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant