

Reconsideration Request Form  
Robey Memorial Library

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

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

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

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

Complainant represents:

\_\_\_\_\_ Self

\_\_\_\_\_ Organization (Name) \_\_\_\_\_

\_\_\_\_\_ Other (Name) \_\_\_\_\_

1. To what in the material do you object? (Be specific, cite pages)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did you read the entire material? \_\_\_\_\_ What parts? \_\_\_\_\_

\_\_\_\_\_

Signature of Complainant

\_\_\_\_\_

\_\_\_\_\_

Date

*Adopted* April, 2000  
*Reviewed* September, 2004  
*Reviewed* March, 2007  
*Reviewed* April, 2010  
*Revised* May, 2013  
*Reviewed* March, 2016  
*Reviewed* April, 2019