



Formal Reconsideration of Materials Form

Please complete all fields below. We will attempt to evaluate your complaint quickly and fairly.

Name: _____

Email: _____

Daytime Phone: _____

Are you a Suring Area Public Library cardholder? Yes _____ or No _____

Title: _____

Author: _____

Type of Item (e.g. book, film, audiobook, periodical): _____

Please state your comment, suggestion, or criticism of the material as clearly as possible:

Did you read, see, listen, or use the material in its entirety? _____

If no, which parts?

Signature: _____ Date: _____

For Library Use Only:

Reconsideration Outcome:

