

CHAUVIN MUNICIPAL LIBRARY

POLICY AND PROCEDURES

CHALLENGE BOOK POLICY

REQUEST FOR RECONSIDERATION OF MATERIAL

NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

E-MAIL: _____

If you represent a group, please name it: _____

INFORMATION ABOUT THE ITEM TO WHICH YOU OBJECT

TITLE: _____

AUTHOR: _____

What do you find objectionable about this item? (Please be as specific as possible – cite pages, words in songs, etc.) _____

Do you feel this item might have harmful effects? _____

If yes, specify _____

Did you read/listen to/watch the entire work? _____

If no, what part? _____

What do you think is the theme, or purpose, of this work? _____

Did you find anything good about this item? _____

Would you recommend this for a particular age group? _____

Are you aware of any literary or artistic assessments of this work? _____

What would you like the library to do about this item? _____

Thank you for filling in this form as thoroughly as possible.

The Chauvin Municipal Library Manager/Board Member will contact you.

Signature of complainant _____ Date: _____

Personal information is collected under the authority of the
Freedom of Information and Protection of Privacy Act, Section 33c
and is used to administer the Reconsideration of Library Materials procedure.
Reviewed/Approved June 7, 2022