

Brown Memorial Library Request for Reconsideration of Materials

Author _____

Title _____

Publisher (if known) _____

Request Initiated by _____

Telephone _____

Address _____

City _____ *Zip Code* _____

Complainant Represents

_____ *himself/herself*

_____ *(name/organization)* _____

_____ *(identify other group)* _____

1. *To what do you object? (Please be specific; cite pages.)*

2. *What do you feel might be the result of having access to this material?*

3. *What would you like the library to do about the material?*

Date _____ *Signature of Complainant* _____