



CITIZEN'S REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Form must be completely filled out to be accepted; no partially filled out forms will be accepted.

Author: _____

Title: _____

ISBN#: _____ Number of Pages: _____

Publisher: _____

Publication Date: _____

Request initiated by:

Name: _____

Address: _____

City, State, & Zip Code: _____

Telephone #: _____ E-mail Address: _____

_____ I am a CCLD library cardholder.

_____ I am the parent of a minor. Age of the minor. _____

To what in the book do you object? (Please be specific) _____

Did you read the entire book? Yes _____ No _____

What is the theme of this book? _____

What is your recommendation? _____

Signature of complainant

Date

This form becomes part of the library record, and the form and results of the complaint will be published on the library's website to comply with Missouri Regulation 15 CSR 30-200.015.

Revised July 21, 2025.