

HORTONVILLE PUBLIC LIBRARY

FORMAL RECONSIDERATION OF MATERIALS FORM

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

Name: _____

E-mail: _____

Daytime Phone Number: _____

Are you a Hortonville Public Library cardholder? Yes ____ No ____

If the answer above is “no”, please state the name of any public library of which you are a card-holder:

Title: _____

Author: _____

Form of Material (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? _____

You are representing: ____ Self ____ Group

Name of group: _____

Signature: _____ Date: _____

For Library Use Only:

Reconsideration Outcome: _____
