

LINCOLN PARISH LIBRARY
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS FORM

Thank you for your concern and input. You will be advised in writing of the decision within 60 days of the date of submission. For full details on actions taken by the Library after the form is received, please refer to the Library's Materials Section Policy. Please note that information submitted to a public body, such as this form, may be subject to public records requests pursuant to the provisions of the Louisiana Public Records Law, La. R.S. 44:1, et seq.

All fields below are required and must be completed for the form to be accepted.

Date of Submission: _____

Library Card Number: _____

Card Holder Name: First: _____ Last: _____

Card Holder Address: _____

City: _____ Louisiana Zip: _____

Mailing Address (if different): _____

City: _____ Louisiana Zip: _____

Preferred Telephone Number: _____

E-mail address: _____

Preferred correspondence method: email mailing address

Is this complaint related to LA R.S. 25:225 (Access of Materials to Minors)? Yes No

Do you represent yourself or an organization? Self organization/group

Name of group or organization (if applicable): _____

Material format on which you are referring:

book video periodical audiobook electronic resource

Other: _____

Title of material: _____

Author/Producer: _____

What brought this item to your attention? _____

Did you read or view the entire work? ___ Yes ___ No

If not, what part(s) specifically? _____

What do you object to in the work? Please be specific, citing page numbers. Consider including comments about the work as a whole, along with your specific matters of concern.

What would you like the library to do with the material in question?

In place of the material in question, what would you recommend that would have the same treatment and perspective on the topic?

Signature: _____ Date: _____