



Appendix 2
School District No. 6 (Rocky Mountain)
**PARENT REQUEST FOR RECONSIDERATION
OF LIBRARY RESOURCES**

NAME OF COMPLAINANT: _____

ADDRESS: _____ PHONE NO. _____

WAS THE MATERIAL ASSIGNED FOR STUDY PURPOSES OR BORROWED BY THE CHILD FOR FREE READING?

TITLE: _____

AUTHOR: _____

PUBLISHER: _____

1. PLEASE SPECIFY YOUR OBJECTION (CITE PAGES OR SECTIONS)

2. WHAT DO YOU FEEL MIGHT BE THE IMPACT OF READING, VIEWING, OR USING THIS WORK?

3. WHAT WOULD YOU LIKE THE SCHOOL TO DO ABOUT THIS WORK?

DATE:

SIGNATURE OF COMPLAINANT