Instruction

Exhibit - Library Media Resource Objection Form

Use this form to submit feedback and/or complaints about the District's library media resources. Please complete this form and return it to the Building Principal, who will submit it to the Superintendent or designee. Please print.

Book/Library Resource Title

School

Please explain why you object to this library resource and state your desired outcome, if any. Please be specific.

Complainant name (please print)		Telephone	Email Address	
Complainant represents:	Student Parent/§	guardian of student		
	Other			
Complainant address				
Complainant signature		Date	Date	
Completed by the Superinter	ndent or designee.			
Written response provided to Complainant on:		(attach response to	(attach response to this form)	
Superintendent or Designee Signature		Date		