

## IPL-0203F: REQUEST FOR RECONSIDERATION OF LIBRARY RESOURCES

All fields below are required and must be completed.

Date of Submission: \_\_\_\_\_

Iberville Parish Library Card Number:

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Card Holder Name:

First

Last

Card Holder Address:

Mailing Address

City

LA  
State

Zip

Telephone Number: \_\_\_\_\_

\*E-mail address: \_\_\_\_\_

Complainant Represents:

- Self  
 Organization or Group (Identify)  
 School (Identify)

How would you prefer to correspond in reference to this request for reconsideration of library resources?

Email  Mailing Address

Is this complaint related to Act 436 of the Louisiana Legislature?  Yes  No

1. Type of resource on which you are commenting:

- Book  Audiobook  Video  
 Magazine  Newspaper  Electronic Resource  
 Other:

2. Title of Work: \_\_\_\_\_

Author/Producer of Work: \_\_\_\_\_

3. At which branch library or in which electronic resource did you encounter this resource?

4. What brought this item to your attention?

5. Did you review/read the entire item? If not, what sections did you review/read?

6. What course of action do you recommend in regard to this resource?

7. Please state your reasons for making this recommendation. To what in the resource do you object? Please be specific: cite pages, scenes, or sections. Consider commenting on the resource as a whole, as well as being specific on the matters which concern you.

8. In its place what materials would you recommend on this topic?

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Signature of Patron Submitting Completed Form

NOTE: This statement will be referred for review. You will be advised in writing decision after review. Thank you for your concern and input. Information submitted to a public body, such as this form, are subject to public records requests pursuant to the provisions of the Louisiana Public Records Law, Located at LA. Rev. Stat. 44:1, ET SEQ.