

**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

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*Completed by the Superintendent or designee.*

Written response provided to Complainant on: \_\_\_\_\_ (attach response to this form)

\_\_\_\_\_

Superintendent or Designee Signature

\_\_\_\_\_

Date