

**CITIZEN'S REQUEST FOR RECONSIDERATION
OF INSTRUCTIONAL MATERIALS**

AUTHOR _____ MEDIA _____

TITLE _____

Publisher (if known) _____

Request Initiated by _____

Telephone _____ Address _____

City _____ Zip Code _____

COMPLAINANT REPRESENTS

Himself/Herself
 (Name of organization) _____

(Identify Other Group) _____

1. To what in the material do you object? Why? (Please be specific, cite pages, etc.)

2. Did you read or view the entire item? _____ What parts? _____

3. Have you spoken with professional educators about this material?
_____ Yes _____ No

4. What would you like your school to do about this?
 Do not assign it to my child.
 Withdraw it from all students.
 Send it back to the building for re-evaluation.
 Assign to another age/grade level.

(Signature of Complainant)

(Date)