

112 Boulevard Ave. - PO Box 130 Craigmont, Idaho 83523-0130 Phone 208-924-5211 FAX 208-924-5614 http://www.sd305.org

LIBRARY AND RESOURCE CENTER MATERIALS COMMENT/COMPLAINT FORM

Please return this completed form to your building administrator.

Name:		Date:
Address:		Phone:
City:	State:	Zip:
1. Resource on which you are commenting	;:	
Book		Audiovisual Resource
Magazine		Content of Library Program
Newspaper		Other
Title:		
Author/Producer:		
 What brought this title to your attention? Please comment on the resource as a whole a subscription of the resource of the subscription of the subscription. 	s well as being s	specific on those matters that
concern you. (Use other side if needed.)		

Optional:

4. What resource(s) do you suggest to provide additional information on the topic?

5. Additional Comments:

Recommendation by School Media Advisory Committee

NAME OF TEXT	
EDITION	
AUTHOR(S)	
PUBLISHER	
SCHOOLS	
In review of the complaint filed on: by (date)	(name of person)
The committee by a vote oftorecommends:	
A. retaining the material for use in its present location	
B. retaining the material for use on reserved or restricted status	
C. retaining the material under the following conditions:	

D. withdrawing the material from use		
	COMMITTEE SIGNATURES	
	DATE	