

CHALLENGE OF INSTRUCTIONAL MATERIALS FORM

Type of Material: Book Magazine/Periodical Film Recording
 Software Other (Please specify) _____

Author (if known) _____

Title _____

Publisher (if known) _____

Person making complaint: _____

Telephone _____ Street _____
Address _____ Town _____

Complainant represents: Him/herself
 Organization _____
 Other group _____

1. To what portion of the material do you object? (Please be specific, cite pages, scenes, etc.) _____
2. What do you feel might be the negative result of reading/viewing/hearing this material? _____
3. For what age group would you recommend this material? _____
4. Is there anything good about this material? _____
5. Did you read/view/hear all of the material? _____ If not, what parts did you read/view/ hear? _____
6. Are you aware of the professional reviews/judgment of this material? _____
7. What do you believe is the theme and/or intention of this material? _____
8. What would you like the school to do about this material?
 Do not assign it to my child.
 Do not assign it to any students.
 Withdraw it from the library and/or instructional program.
 Refer it to the Educational Media Review Committee for evaluation.
9. In its place, what material would you recommend? _____

Signature of Complainant

Date