

CITIZEN'S REQUEST FOR RECONSIDERATION OF LIBRARY PROGRAM OR DISPLAY

Request initiated by _____

Telephone _____ Email Address _____

Address _____ City _____ Zip Code _____

Complaint represents: Myself _____ Organization _____

Organization Name _____

Organization Address _____

Chief Officer of Organization _____

Telephone of Organization _____

Program or Display Name _____

Performer Name (if applicable) _____

Date of Program or Display _____

1. Please describe in detail what you object to in the program or display? Please be specific.

2. What do you feel might be the result of seeing/listening to this program or display?

3. Do you see any ways in which this program or display could be of value?

4. How did you become aware of this program or display? What do you know about its content and purpose?
If applicable - Have you attended the program (or another event with this presenter)?

5. What would you like the Library to do about this program or display?

6. Please suggest alternative events or display materials that could provide similar information or support on this topic to the community.

Signature of Complainant

Only completed and signed forms from Denville residents, organizations or business owners will be considered. The Library Director will acknowledge receipt of the form and a response will be issued within 15 business days.