

**Request for Review by the Board Form**

**THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED TO BE REVIEWED.**

**Complainant information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Complainant represents: \_\_\_\_\_ himself/herself OR \_\_\_\_\_ name of organization

**Please state your concern, describing to what item, program, or display you are objecting.**

**Why are you objecting?**

**In its place, what would you recommend that would convey as valuable a picture and perspective of the subject treated?**

**How do you think the Library Board and Staff should address this issue?**

**Signed \_\_\_\_\_ Date \_\_\_\_\_**