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: ________________________________________________

Street
Telephone ____________ 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

Adopted:                ______