

**Library Media Resource Objection Form**  
Curriculum

Use this form to submit feedback and/or complaints about the District's library media resources. Please complete this form and return it to the Building Principal, who will submit it to the Superintendent or designee.

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Book/Library Resource Title

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School

Please explain why you object to this library resource and state your desired outcome, if any. Please be specific.

Complainant represents: ☐ Student ☐ Parent/Guardian of Student ☐ Other \_\_\_\_\_

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Complainant Name (*please print*)

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Telephone Number

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Email Address

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Complainant Address

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Complainant Signature

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Date

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**To be completed by Superintendent or designee**

Written response provided to Complainant on: \_\_\_\_\_

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Superintendent or Designee Signature

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Date

*Attach copy of response to this form*