

### Instruction

#### **Exhibit - Library Media Resource Objection Form**

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. Please print.

\_\_\_\_\_  
Book/Library Resource Title \_\_\_\_\_  
School

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

\_\_\_\_\_  
Complainant name (please print) Telephone Email Address  
Complainant represents:  Student  Parent/guardian of student  Other

\_\_\_\_\_  
Complainant address

\_\_\_\_\_  
Complainant signature Date

\_\_\_\_\_  
**Completed by the Superintendent or designee.**  
Written response provided to Complainant on: \_\_\_\_\_ (attach response to this form)

\_\_\_\_\_  
Superintendent or Designee Signature Date