

Request for Reconsideration of Library Program Form

Your Name: _____

Address: _____

Telephone: _____

Email: _____

Name of Program: _____

Date: _____

Did you attend and participate for the entirety of the program?

If no, which part of the program did you attend and participate in?

What did you find objectionable?

To whom do you feel this program would be unacceptable?

If this program/event were to run or to run again, what would the effect be?

Signature

Date