



**REQUEST FOR RECONSIDERATION
OF A LEARNING RESOURCE FORM**

Author or Producer: _____ Format: _____
i.e. book, film, game

Title: _____

Publisher (if known): _____

Request Initiated By: _____

Telephone: _____

Address: _____ Postal Code: _____

Complainant Represents:

- _____ Themselves
- _____ An organization (specify name) _____
- _____ A group (identify group) _____

1. To what work do you object? Please be specific.

2. What do you feel might be the result of reading, listening to or viewing this work?

3. Did you read, listen to the entire work? If not, what pages or sections? _____
4. Have you discussed with the teacher the purpose in using this work?

5. What would you prefer the school do about this work? _____

Date: _____ Signature of Complainant: _____

This form is to be completed in full, signed and delivered to the principal of the school.

Cross Reference:		
Date Adopted: August 1, 2017	Date Amended:	Board Motion(s):
Procedure: IJ	Guidelines:	Exhibit: