

To complete this form electronically,  
it must be opened in *Adobe Reader!*

Materials being questioned

Author

Title

Publisher or Source

Who have you met with at the classroom  
or building level to resolve your concerns?

Request initiated by:

Telephone

Address

City

Are you a resident of the Arlington School District?  Yes  No

Complainant represents:  Himself/Herself

Organization *Name*

Other Group *Name*

1. Have you read the complete book or examined the complete material?  Yes  No

2. To what in the book or material do you object? Please give specific citations.

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**CITIZEN'S REQUEST FOR RECONSIDERATION OF A BOOK OR INSTRUCTIONAL MATERIALS (Cont.)**

3. What do you feel might be the result of reading this book or using this material?

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4. What would you like your school to do about the book or material?

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Signature of Complainant

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Date

\* Following receipt of the Request for Reconsideration of a Book or Instructional Materials, a committee will be formed to review to contested materials.

\* The committee assigned to review the contested materials will submit a report to the District's Instructional Materials & Program Committee.

\* The District's Instructional Materials & Program Committee will submit a recommended decision to the Superintendent.