



Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Complainant represents: Self Organization/Group Name: _____

Title of Material: _____

Author/Creator: _____

Publisher: _____ Date Published: _____

Format of Material (e.g. book, DVD, etc.): _____

Did you read/hear/view the entire material? Yes No

What do you object to in the material? (Please be specific, citing pages or locations.) _____

What do you feel might be the result of exposing people to this material? _____

For what age group (if any) would you recommend this material? _____

Is there anything good about this material? _____

What are your recommendations concerning this material? _____

Signature: _____ Date: _____

