

SAN BERNARDINO PUBLIC LIBRARY
LIBRARIAN'S REPORT ON REQUEST FOR RECONSIDERATION OF
LIBRARY MATERIALS/RESOURCES

PATRON NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____

DATE/TIME OF COMPLAINT: _____

LIBRARIAN(S) SPEAKING WITH PATRON: _____

LIBRARIAN COMPLETING FORM: _____

AUTHOR, TITLE, OR SUBJECT OF COMPLAINT: _____

DESCRIPTION OF INCIDENT:

PLEASE CHECK: _____ Discussion
_____ No discussion
_____ Has patron completed Request for Reconsideration of Library
Materials/Resources form?
_____ Phone number or E-mail given patron _____