Challenged Materials Form

Date: ____________________________________________________________

Resource title: _______________________________________________________

Author(s) or Editor(s): ________________________________________________

Date of publication: __________________________ Format: ☐ Print ☐ Digital/Non-print

This request is initiated by: ____________________________________________

Complainant represents: ☐ Yourself ☐ Organization or Group: _______________________

Email address: ___________________________________________

Telephone number: ___________________________________________

1. Please describe why, in your opinion, the named resource is objectionable.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Why does this resource not fall within the collection development guidelines of HGTC Library?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. To what in this material do you object? Please be specific and cite pages and/or sections.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. Did you read or view the entire resource?


5. What do you feel might be the result of reading or viewing this resource?


6. Is there anything good about this resource?


7. Are you aware of the evaluation of this work by critics?


8. What do you believe is the theme of this work?


9. Would you like the resource to:  □ Be removed  □ Be balanced with other materials

   If you wish the resource to be balanced, please list titles of resources that could be added to the collection to provide a balanced view.


10. Have you discussed this resource with any college employees?  □ Yes  □ No

    Employee’s name: ________________________________________________

    THIS FORM IS TO BE RETURNED TO THE DIRECTOR OF LIBRARY SERVICES.