

**Twin Rivers Unified School District**  
**REQUEST FOR RECONSIDERATION OF**  
**INSTRUCTIONAL MATERIALS**  
**Complaint Form**

If a staff member, district resident, or parent/guardian of a student enrolled in a district school has a complaint regarding the content or use of any specific instructional material, he/she shall informally discuss the material in question with the principal. If the complainant is not satisfied with the principal's initial response, he/she may present a written complaint to the principal. (Board Policy 1312.2; Administrative Regulation 1312.2.)

This form is for use only by district employees, district residents, or parents/guardians of children enrolled in a district school to challenge the content or use of an instructional material. For complaints regarding sufficiency of instructional materials, please use the Williams Uniform Complaint Procedure complaint form.

Please either print or type in the information required below for processing your complaint. Once the complaint form is completed, you may submit it to the principal of the site where the instructional material was presented or used.

Name of Person Filing Complaint (Last, First): \_\_\_\_\_

*Anonymous complaints will not be accepted.*

Group represented (if any): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address, if any: \_\_\_\_\_

Address: \_\_\_\_\_

Material Being Challenged:

\_\_\_\_\_

Title:

\_\_\_\_\_

Author:

\_\_\_\_\_

Publisher: Date of Edition:

\_\_\_\_\_

Name of school and classroom material was used:

\_\_\_\_\_

**PLEASE STATE THE REASONS FOR YOUR COMPLAINT**

(use reverse or another sheet if necessary)

1. Please specifically state the nature of your concern or objection and identify your objection by page, tape sequence, video frame, or words, as appropriate. You may use additional pages if necessary.

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2. Did you read/view the entire selection?      Yes: \_\_\_      No: \_\_\_

3. If not, what percentage did you read/view, or what parts?      \_\_\_\_\_%

Parts read/reviewed: \_\_\_\_\_

4. For what age group would you recommend this material? \_\_\_\_\_

5. What do you feel might be the result if a student reads/views this material?

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6. What would you like the school to do about this material? Check all that apply.

Do not assign it to my child.

Withdraw it from all students

Reconsider it

Signature of Person Filing Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DISTRICT USE ONLY**

Request received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Title of person who received complaint: \_\_\_\_\_