

Request for Reconsideration of a Learning Resource

Author or Producer	Format
Title	i.e. book. film. aame
Publisher (if known)	
Request initiated by	
Telephone	
Address	Postal Code
Complainant represents	
Himself/Herself	
(name organization)	
(identify other group)	
1. To what in the work do you object? I	Please be specific.
2. What do you feel might be the result	of reading, listening or viewing this work?
3. Did you read, listen to, or view the er	ntire work?
What pages or sections?	
4. Have you discussed with the teacher	the purpose in using this work?
5. What would you prefer the school do	about this work?
DATE	
	(Signature of Complainant)
This form is to be completed in full,	signed and delivered to the principal of the school.
24/09/13 Motion 15-02-13	
otection of Privacy Act (FIPPA), and will be used for a	y of the Public Schools Act and the Freedom of Information and Idministration purposes. If you have any questions about the vacy Officer, St. James-Assiniboia School Division, 2574 Portage