

**LIBRARIAN'S REPORT AND/OR REQUEST FOR ASSISTANCE**

Information provided in this report will be used by the LLA/Intellectual Freedom Committee to record censorship incidents in Louisiana. The information will also be used by the Committee to assist, if requested, in resolving the incident described. The report will be treated as confidential unless the reporting librarian authorizes otherwise.

LIBRARIAN'S NAME

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TITLE

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LIBRARY

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ADDRESS

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TELEPHONE

\_\_\_\_\_ (WORK) \_\_\_\_\_ (HOME)

DATE OF INCIDENT

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DESCRIPTION OF INCIDENT AND LIBRARY MATERIALS CHALLENGED

(Use back of this form if more space is needed)

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COMPLAINT(S)

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HAS COMPLAINANT FILED A COMPLAINT / RECONSIDERATION FORM DETAILING  
OBJECTIONS TO LIBRARY MATERIALS IN QUESTION? \_\_\_\_\_ (If so, please attach copy.)

WHAT ACTION HAS BEEN TAKEN?

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HAS LEGAL ADVICE BEEN SOUGHT? IF SO, FROM WHOM?

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HAS INCIDENT BEEN REPORTED IN LOCAL NEWS MEDIA? \_\_\_\_\_(If so, please attach clips or describe.)

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WHAT KIND OF ASSISTANCE (IF ANY) IS SOUGHT FROM LLA / IFC?

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DOES YOUR LIBRARY HAVE A WRITTEN MATERIALS SELECTION POLICY? \_\_\_\_\_

HAS THE LIBRARY'S GOVERNING AUTHORITY OFFICIALLY ENFORCED THE LIBRARY BILL OF RIGHTS?

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DOES THE LLA AND THE INTELLECTUAL FREEDOM COMMITTEE HAVE YOUR PERMISSION TO DISCUSS THE DETAILS OF THIS INCIDENT WITH OTHER CONCERNED ORGANIZATIONS, INCLUDING THE PRESS?

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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