Fort Plain Central School District

Request for Review of Internet Filtering Form

1 Date of Request: _____

2 Request Initiated by: _____

3 Address: _____

4 City: _____

5 Zip Code: _____

6 Telephone: _____

7 Complainant Represents: (check only one)

☐ Self My

Name:_____

☐ Organization Name of

Organization:_____

☐ Other:_____

8 Address of Internet material (i.e. www.whereever.com)

_____

9 Description of material:

_____

_____

_____

10 I would like this material (check only one): ☐ blocked ☐ unblocked

11 My objections to the way this material is currently handled is:

_____

_____

_____

12 I would like the outcome of this review to be:

_____

_____

_____

_____

Required Signature of Complainant