

CITIZEN'S REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

To be completed by patron requesting reconsideration of material.

ITEM TO RECONSIDER

DATE REQUEST FILED: _____

TITLE: _____

AUTHOR: _____ MATERIAL TYPE: (BOOK, DVD, ETC) _____

THIS ITEM SHOULD BE: _____ LOCATED IN ANOTHER AREA _____ REMOVED FROM LIBRARY _____ ADDED TO THE LIBRARY

INTENDED AUDIENCE: _____ WHERE IS THIS ITEM LOCATED IN LIBRARY: _____

REQUEST INITIATOR

REQUESTOR NAME: _____ PHONE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PREFERRED MODE OF CONTACT: _____ PHONE (VOICE) _____ PHONE (TEXT) _____ EMAIL _____ USPS

ABOUT THE REQUEST

WHAT IS THE REASON FOR FILING THIS REQUEST:

DID YOU READ/LISTEN/WATCH THE ENTIRE ITEM? _____ YES _____ NO

PLEASE INDICATE ANY SPECIFIC PORTION/PAGES OF THE ITEM THAT REVIEWERS SHOULD PAY PARTICULAR ATTENTION TO:

PLEASE LIST SPECIFIC CONCERNS YOU HAVE REGARDING THIS ITEM AS PART OF THE LIBRARY COLLECTION:

THEME OR SUBJECT OF THIS ITEM:

PLEASE LIST ANY MERIT OR VALUE THIS ITEM MAY HAVE FOR SOME MEMBERS OF THE PUBIC:

WHAT AUDIENCE OR AGE GROUP WOULD YOU CONSIDER BEST FOR THIS LIBRARY ITEM?

DO YOU HAVE A RECOMMENDATION FOR A CHANGE OR ALTERATION THAT WOULD PERMIT THIS ITEM TO REMAIN AT THE LIBRARY?

IF THIS ITEM WERE REMOVED FROM THE COLLECTION, WHAT WOULD YOU RECOMMEND AS A REPLACEMENT FOR SIMILAR SUBJECT MATTER, THEME, INTEREST, OR AGE GROUP?

IS THERE ANYTHING ELSE THAT THE RECONSIDERATION REVIEW COMMITTEE SHOULD KNOW ABOUT THIS ITEM?

SIGNATURE OF REQUEST INITIATOR

DATE

TO BE COMPLETED BY LIBRARY STAFF OR REVIEW COMMITTEE:

Date(s) of Library Staff Review:

Recommendations for Resolution:

Date & Means of Contact with Request Initiator:

Date(s) of Committee Review:

Committee Recommendations for Resolution:

Date & Means of Contact with Request Initiator: