

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

Only sign requests will be acted on

Your name (Please print) _____

Your address _____

City/Town & Zip Code _____

Your phone number including area code _____

Are you acting for yourself or as part of a group? _____

If you are representing a group, what is the name of the group? _____

ABOUT THE ITEM:

Title _____

Author/Artist/Creator/etc. _____

Form (e.g. book, video, sound recording...) _____

1. What brought this item to your attention?
2. What is your concern about the item? Please give specific examples.
3. Did you read/listen/view the entire work?
4. What do you believe is the theme or purpose of this item?
5. What do you think might be the result of reading/listening/viewing this material?

6. For what group do you think this material is inappropriate?

7. What do you recommend the library do with this work?

8. Other comments?

(your signature) _____ (date) _____

This section is for staff use only.

1. Request received _____

2. Receiving staff _____

3. Committee for reconsideration _____

4. Director's justification for inclusion of material based on criteria for selection.

5. Critics' judgment of material (if possible include copies of reviews).

6. Books, Bylaws, and Policy Committees comments.

7. Decision:

8. Date of Decision _____

9. Full Board comments if the Books, Bylaws, and Policy Committee could not reach a decision.

10. Full Board decision:

11. Date _____

Copies sent to: _____ Complainant _____ Full Board