

Request for Reconsideration of Library Materials

Title: _____

(Please Circle One)

Hardcover, Paperback, Video, DVD, CD, Cassette, Toy **Call number:** _____

Author: _____

Publisher / Distributor *(if known):* _____

Request Initiated By: _____

(print name please)

Street _____ City / Town / Village _____ Postal Code _____

Telephone Number: _____

Complaint Represents: (i) individual _____

(ii) name of organization: _____

(iii) identify other group _____

1. **To what in this title do you object?** *(Please be specific, cite pages, scenes or track numbers)*

2. **What do you feel might be result of viewing / reading / listening to this material?**

3. **For what age group would you recommend this title?** _____

4. **Do you feel there is anything good about this title?**

5. **Did you read / view / listen the entire title? If not, what parts?** _____

6. **Have you read any reviews of this title?** _____

7. **What do you believe is the theme of this title?** _____

8. **What would you like your library to do about this title?**

_____ withdraw it from all patrons.

_____ re-evaluate the place of this title in the library

9. **Other comments, if any?:**

Please submit this request to the Manager Public Services. Serious consideration of this request will take time. A written reply will be sent to you.

Date: _____

(Signature)