

Request for Reconsideration of Library Resources

This form must be completed and submitted to the library director for official review. To submit a request for reconsideration for multiple resources, one form per resource is required.

Date: _____

Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

Do you represent: yourself? _____ or an Organization? _____

Name of Organization: _____

1.) Resource on which you are commenting:

Book/eBook _____ Movie _____ Magazine/Newspaper _____ Audio Recording _____

Program _____ Game _____ Digital Resource _____ Other _____

Title: _____

Author/Producer: _____

Copyright Date: _____

If program or service, what date did it occur? _____

2.) What brought the resource to your attention? _____

3.) Have you examined the entire resource? If not, what sections did you review? _____

4.) What specifically concerns you about the resource? _____

5.) Describe the theme and overall contents of the resource: _____

6.) What do you feel might be the result of reading/viewing/listening to this resource? _____

7.) Have you read any professional reviews of the material? If so, which ones? Please attach copies.

8.) What action are you requesting the library consider? _____

Signature _____ Date _____