

REQUEST FOR RECONSIDERATION OF MATERIALS



Thank you for your interest in the Library and its materials collection. The Library takes very seriously all concerns expressed by its patrons and will attempt to respond as quickly as possible. **Library staff will review your comments and evaluate your recommendation using the North Douglas Library District Policies as a guideline. Partial forms will not be considered.**

Full Name _____
(last) (first) (middle)

Address _____
(# and street) (city) (state) (zip)

Mailing Address (if different) _____
(# and street) (city) (state) (zip)

Phone () _____ - _____ **Email** _____ @ _____

Group you represent (if any): _____

- I have read the North Douglas Library District's Collection Development Policy.**
- I have discussed my concerns with the District Librarian -OR- declined a meeting to discuss my concerns.**

1. Library material on which you are commenting (only 1 item per reconsideration request form):

Book Audio Book DVD Magazine Other (please specify): _____

Title: _____
Author/Producer: _____
Publisher: _____
Copyright Date: _____
Material #: _____

2. Did you read/ listen to/ view all of the material?

Yes No I read/ listened to/ viewed only part of the material

If you did not read/ listen to/ view the entirety of the material, explain why and/or which section(s) you did not address:

3. To what in the work do you object?

Page/location: _____
Passage: _____

Specific Comment: _____

(continued) 3. To what in the work do you object?

Page/location: _____

Passage: _____

Specific Comment: _____

Page/location: _____

Passage: _____

Specific Comment: _____

4. What do you believe is the purpose of this material?

5. Can or did the material have a harmful effect on you? Yes No

If yes, describe the effect: _____

6. Is there anything good or useful about this material? What?

7. What prompted you to use this item?

8. Would this item be better located in a different section of the library? Yes No

If yes, share your recommendation: _____

If no, please describe your desired resolution: _____

Signature*: _____ **Date:** _____ / _____ / _____

***A signature is REQUIRED for a material reconsideration request to be considered by the District.**

LIBRARY STAFF USE

Received by: _____ **Date:** _____ / _____ / _____ **Time:** _____

Action taken: _____
