

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.**

Full Name: _____

Address: _____

Phone: (____) ____ - _____

Group you represent (if any): _____

1. Library material on which you are commenting:

PLEASE CIRCLE ONE:

Book DVD Magazine Audio Book Other (please specify)

Title: _____

Author/Producer: _____

Publisher: _____

Call No. _____

2. Did you read/ listen to/ view all of the material? If not, which sections/ parts?

3. To what in the work do you object? Please, be specific.

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 you recommend this item for another age group? Yes _____ No _____

If yes, describe the effect: _____

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

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

STAFF USE ONLY:

This form was received by: _____

Date: ____/____/____

Time: _____

Action taken: _____
