

Request for Reconsideration

To the person requesting reconsideration: Library policy requires that complaints be filed on this form. A copy of the Library policies pertaining to material selection, programming, room use, or displays will be made available to you. This entire form must be completed and returned to a staff member. Requests will receive a response from Administration.

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|--|---|--|---|--|
| Name _____ | Address _____ | Date _____ | | |
| Do you represent: | <input type="checkbox"/> yourself <input type="checkbox"/> an organization _____ <input type="checkbox"/> another group _____ | | | |
| What type of material or service are you commenting on? | <input type="checkbox"/> Book | <input type="checkbox"/> Magazine | <input type="checkbox"/> Library Program | <input type="checkbox"/> Movie |
| | <input type="checkbox"/> Music CD | <input type="checkbox"/> Display/ Exhibit | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Audio Recording |
| | <input type="checkbox"/> Internet Resource | <input type="checkbox"/> E-Book | <input type="checkbox"/> Other (please specify) | |
| What item, program, display, or exhibit are you commenting on? | If commenting on an item, what is the title and author/performer/producer? | | | |
| | If commenting on a program, display, or exhibit what is the title and date? | | | |
| How did this title, event, display, program, or exhibit come to your attention? | | | | |
| Did you read or listen to the entire work, stay for the entire program, or view the entire display? If not, which selection did you read or view? <i>(please cite pages, instances, etc.)</i> | | | | |
| What is it that you find objectionable? Please be specific; cite pages, excerpts, or scenes whenever possible. | | | | |
| Staff use only: Date _____ Initials _____ | Thank you for your comments. A member of our staff will contact you regarding your concerns. Please use the back of this form for any additional comments. | | | |