

Request for Reconsideration

Form Approved by Board of Trustees 2022 –DRAFT

Item for Reconsideration

Title:

Author:

Publisher:

Material book audiobook dvd magazine

Type: newspaper online resource other:

For what age group would you recommend this item?

Young Children Tweens Teens Adults
Infant – Age 8 Ages 9-11 Ages 12-17 Ages 18&up

Are you aware of any published reviews of this item? Yes No
If yes, please cite.

Where did you find the item in question?

Please specify department or special collection.

Did you read/view the entire work? Yes No

If no, what parts?

Please be specific, cite pages or timestamp

What do you believe the general theme, intent or subject of this item?

What do you specifically object to?

Who was affected, and in what harmful way, by use of the item?

Are you the person affected or legally responsible for the person affected?

Yes, I am the person

No

Yes, I am legally responsible

What would you like the Library to do with this item?

remove from collection, move it to a different department, etc.

Reconsideration Requested by

Name:

Address:

Telephone:

Email:

Complainant represents: Self

Organization:

Signature:

Date:

Office Use Only : Request Received on _____ by _____

For Review at next Board of Trustees Meeting Date: _____

Determination sent to complainant on _____