

Request For Reconsideration of Library Resource

Resource being challenged must be read, listened to or viewed in full. If the resource has not been read/listened to/viewed in its entirety, the reconsideration process will not proceed.

Please use additional paper if necessary. If the form is incomplete or unsigned by the petitioner, the reconsideration process will not proceed. **Only one form from a household/organization will be accepted at a time.**

The library resource under review will remain in place and accessible throughout the entire review process.

Name: _____

Address: _____

Preferred form of contact: _____ Phone: (_____) _____

_____ E-mail: _____

Library Card Number: _____

Library you use most often: _____

Who do you represent?

_____ Myself

_____ Organization

Name of Organization: _____

Type of resource on which you are commenting:

_____ Book _____ Book on CD _____ DVD _____ Magazine _____ Library Program

Title: _____

Author: _____

Publisher: _____

Have you read/listened to/watched the resource in its entirety? _____ Yes _____ No*

*For "No" responses, no further action is needed. See above.

Please specify the location of the content that you are concerned about:

_____ I object to the entire resource

Page number(s): _____

Disc number/track number: _____

Do you have special credentials that give you expertise in critiquing this resource?

How has the resource been assessed in professional review sources? Provide supporting citations and quotations.

What concerns you about this resource? Why?

What do you think might be the effect of reading/listening/viewing this resource?

In your opinion, who is the intended audience for this resource?

Is the resource more suitable for a particular age group?

What would you recommend to replace this current library resource that conveys a valuable picture and perspective of the subject matter? Include professional reviews of your suggested replacement resource.

What do you want the library to do with this resource?

Move to another collection in the library

What collection? _____

Remove from the library

Don't offer this program again

Additional comments:

Submitted by (please print): _____

Signature: _____

Date: _____

Please return completed form in the provided envelope to the Library Director.

Approved by the Clear Lake Public Library Board of Trustees on June 6, 2023.