REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

Name _________________________________ Date ________________
Address _____________________________________________________
City, State, Zip _________________________________ Phone _________________________
Email _________________________________
Dubois County Township* _________________

Are you representing an organization? Yes or No (If yes, specify)________________________

Resource on which you are commenting:
_____ Book  _____ DVD  _____ Magazine  _____ Music CD
_____ Audiobook  _____ Newspaper  _____ Video Game
_____ Other (specify) _________________________________

Title ___________________  Library Branch________________
Author ___________________  Call number __________________

1. How did this material come to your attention?

2. Did you read/listen/view this material completely? Yes or No

3. In your view, what is the topic or theme of this material?

4. What is your objection to the material? Be as specific as you can; list page numbers as appropriate.

5. Did you find something good or worthwhile about this material? ___ Yes ___ No
   If yes, what?

6. What age group do you think the material is appropriate for?

7. What action would you like taken regarding this material?

8. Are there other materials you recommend to provide additional information or points of view on this topic? (Attach additional pages as needed.)

Patron Signature_________________________  Date_______________  *Updated 2/9/23