

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