



Request for Reconsideration Form

Please complete this form to initiate the request for reconsideration process in accordance with the District's Collection Development Policy.

Name:	Date:
Address:	
City:	State/Zip:
Email:	
Title of Resource:	
Author/Artist:	

1. What brought this resource to your attention?
2. What are your objections to this resource?
3. What harm do you feel might come from being exposed to this resource?
4. Have you reviewed the resource in its entirety? If not, which sections have you reviewed?
5. Have you read any professional reviews of this resource? If so, please list the reviewers and sources of the reviews.
6. What suggestion do you have for a similar work to replace this resource?
7. What action are you requesting the District to take with the resource in question?

Thank you for taking the time to fill out this form. The Library Director will respond to your concerns within 30 business days of receipt of this form.

Signature

Date