

BANCROFT PUBLIC LIBRARY

MATERIAL RECONSIDERATION REQUEST FORM

For requests to be considered all fields must be completed and form must be signed.

Name: _____

Address: _____

City: _____ Telephone: _____

E-mail address: _____

Complainant represents:

_____ Self

_____ Organization (name) _____

_____ Other Group (name) _____

Type of Material: _____

Title: _____

Author/Creator: _____

1. Please indicate the nature of your complaint about this item. Please be specific and cite pages or other details as needed.

2. Please state specifically what you believe to be the primary harm which may occur from this item.

3. For what age group would you recommend this item?

4. Is there anything good about this item?

5. Did you examine the entire work or only parts?

6. If you did not examine the entire work, please indicate the portions you completed.

7. Are you aware of any professional reviews of this item?

8. Are there resource(s) you suggest to provide additional information and or other viewpoints on this topic?

Date: _____ Signature: _____

This request will be reviewed in accordance with the policy of the Bancroft Public Library.

Adopted: July 10, 2018

Reaffirmed: May 10, 2022