

# 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: \_\_\_\_\_

Email 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 to show non-compliance with the Bancroft Public Library Material Selection Policy .  
\_\_\_\_\_
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?  
\_\_\_\_\_

*If additional space is required for answers to above questions use separate paper.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**Adopted:** July 10, 2018

**Revised:** December 12, 2023