

**REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS, DISPLAYS, OR PROGRAMS**  
**(Only resident card holders are eligible for this process)**

The Greenwood Public Library Board of Trustees has delegated the responsibility for selection and evaluation of library materials to the Director who, in turn, appoints professional staff to carry out day-to-day curation of the library's collection, creating displays, and scheduling programs (referred to as "library resources" hereafter). The library values the input of our tax-payers regarding library resources. The Director has established these reconsideration procedures to address any concerns that arise.

Please fill out this form completely and hand in to a library staff member. The Director will then review the library resource before responding in writing at the earliest possible time. Should you not agree with the Director's decision, you may request a meeting before the Board of Trustees by making a written request to the President of the Board. More information regarding library resources can be found in the library's Collection Development Policy.

**PART 1 – YOUR INFORMATION**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Resident Library Card # \_\_\_\_\_

**PART 2 – DESCRIPTION OF THE LIBRARY RESOURCE CONCERNED**

Format (circle one): BOOK    AUDIOBOOK    DVD    MAGAZINE

OTHER (specify): \_\_\_\_\_

Title: \_\_\_\_\_

Author: \_\_\_\_\_

Publisher/Distributor: \_\_\_\_\_

**PART 3 – QUESTIONS ABOUT THE ITEM**

Have you viewed/listened to the entire library resource?    YES    NO

*please turn over for more questions*

If NO, what parts did you read/view? \_\_\_\_\_

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What do you believe is the central theme of this library resource? \_\_\_\_\_

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What concerns you about this library resource (please attach additional pages in necessary)?

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What action would you wish the library to take regarding this library resource?

A. Withdraw/ remove the library resource

B. Move the item to another area in the library (please specify area) \_\_\_\_\_

What library resource(-es) would you recommend take the place of this library resource that would provide the same information in a manner more acceptable to you?

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#### **PART 4 – YOUR SIGNATURE**

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

Please hand the completed form and any additional information to a Staff Member.