



**Request for Reconsideration of
Library Materials, Displays or
Programs**

Date of Adoption 09/2019

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 community members' comments regarding library resources. The Director has established reconsideration procedures to address any concerns that arise.

The first step is for this form to be filled out completely and handed 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: _____

Representing (circle one): Yourself Organization (include name): _____

Other (Identify): _____

PART 2 – DESCRIPTION OF THE LIBRARY RESOURCE CONCERNED

Format (circle one): BOOK AUDIOBOOK DVD MAGAZINE PROGRAM DISPLAY

OTHER (specify): _____

Title: _____

Author: _____

Publisher/Distributor: _____

Display (topic and location): _____

Program (topic and date): _____

please turn over for more questions

PART 3 – QUESTIONS ABOUT THE ITEM

Did you read/view/listen/attend to the entire library resource? YES NO

If NO, what parts did you read/view/hear/attend? _____

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

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

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

A. Withdraw/take down the library resource

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

C. Cancel program

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

PART 4 – YOUR SIGNATURE

Signature: _____ Date: _____

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