CHILLICOTHE
PUBLIC LIBRARY DISTRICT
READ • LEARN • SHARE • GROW

Request for Reconsideration Form

Name: _____

Address: _____

Phone: _____ E-mail: _____

Complainant Represents: Self _____Organization (specify) _____

Material: Book_____ Periodical_____ Electronic Resource_____ Media_____ Other_____

Title: _____

Author: _____ Publisher: _____

1. What do you object to in the material? (Please be specific; cite pages, etc….)

2. Why do you object to the material?

3. Did you read or view the material in its entirety? _____ If not, what section?

4. Is there anything good about this material?

5. Do you think that people who want to read/see this material should be able to find it in the library?

6. What is the theme of this material?

7. In its place, what material of equal quality would you recommend?

8. Do you think groups or other members of the community should have the right to keep you from having access to materials you want of which they disapprove?

9. Are you usually able to find what you want in the library?

10. If not, what materials would you like to be able to find in the Library collection?

Date:_____ Signature:_____