

Vilna & District Municipal Library Board Policy Manual

APPENDIX I Policy 602 Reconsideration of Materials

Request for Reconsideration of Materials

Author: _____ Title: _____

Publisher: _____

Request initiated by: _____

Telephone: _____ Address: _____

ENTIRE FORM MUST BE COMPLETED FOR MATERIAL TO BE RECONSIDERED

Please use complete sentences. Use the back of sheet if necessary.

1. To what in the material do you object? Be specific.
2. What do you feel is the result of reading or viewing this material?
3. For what age group would you recommend this material?
4. Is there anything good about the material?
5. Did you read or view the material in its entirety? ____ Yes ____ No
6. Are you aware of the judgement of this material by literary critics?
7. What do you believe is the theme of this material?
8. What would you like the Library Manager to do about this material?
9. What do you see as the purpose of this material?
10. What other material, serving substantially the same purpose, would you recommend in place of this item?

Date: _____ Signature of Complainant _____

Date Approved: January 2, 2021

Date to be Reviewed: January, 2024