

Request for Reconsideration of Library Materials

Monroe County Public Library * 303 E. Kirkwood * Bloomington, IN 47408 * 812-349-3050				
Please print except for signature. Attach additional pages as necessary.				
Patron Name (please print):				
Date:				
Address: Zip:				
Phone Number:				
Email:				
Do you represent an organization? Yes No				
If yes, what organization?				
Media Type (please circle one):				
AudiobookBookDVDMagazineAudio CDOther				
Author:				
Title:				
Call Number: Copyright Date:				
4. Here did this restants as a very attention 0				
How did this material come to your attention?				
2. Did you read/listen/view this material completely? Yes No				
2. Dia you read/lister//view trils material completely: res res				
3. In your view, what is the topic or theme of this material?				
4. What is your objection to the material? Be as specific as you can; list page number	s as			
appropriate.				
5. Did you find something good or worthwhile about this material? Yes No				
If yes, what?				

6. What age group do you think the material is appropriate for?

7. What action	n would you like taken regardir	ng this material?
	ther materials you recommend (Attach another page as need	d to provide additional information or points of view ed.)
Thank you. Yo	our request will be reviewed b	y the Library Director for action.
	FOR S	TAFF USE ONLY
S	Status Report on Patron Reque	est for Reconsideration of Library Material
Date		Action
	Name of staff member initia	• •
		ned to library and copy sent to appropriate department manage
		Library Director and informed of reconsideration process.
		ment Committee forms Reconsideration Committee in consulta
		e meets, researches the material, and discusses request. n Committee sent to Library Director.
		ron by letter of the library's decision.
		re sent to members of the Reconsideration Committee and to
	Copies of Director's letter at	e sent to members of the reconsideration committee and to t
Signature of	f Library Director:	Date:
	tember 16, 2015	
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Links:		
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