

# DEFIANCE PUBLIC LIBRARY SYSTEM

## REQUEST FOR RECONSIDERATION OF MATERIALS OR PROGRAMMING



The Library Board of Trustees has delegated the responsibility of selection and evaluation of library resources to the Library Director and has established reconsideration procedures to address concerns about those resources. If you wish to request reconsideration of a library resource, please return the completed form to the Defiance Public Library, 320 Fort St, Defiance OH 43512.

### PERSONAL INFORMATION

Name :

Address :

City :  State :  Zip :

Phone # :

I represent :  Myself  An organization:

### DETAILS OF YOUR REQUEST

Resource on which you are commenting:

- Book  Textbook  Video/DVD  Display/exhibit  Magazine
- Library program  Audio Book/Music CD  Newspaper  eBook/eMagazine
- Video game  Electronic Information  Other

Title :

Author/Producer :

What brought this resource to your attention?

Have you read the library's criteria for selection, including the Library Bill of Rights & Freedom to Read statement, as stated in DPLS' policies?

Did you read, watch, or listen to the entire work? If not, what part did you observe?

CONTINUED

What concerns you about the resource? (If necessary, please attach additional pages.) Please be specific and cite pages or sections. What resources would you suggest to provide additional information and/or other viewpoints on this topic?

Two horizontal text input bars for concerns about the resource.

Is there anything good about this resource? If so, please explain.

One horizontal text input bar for positive aspects of the resource.

For what age group do you recommend this resource?

One horizontal text input bar for recommended age group.

Are you aware of critical judgment of this resource? If yes, please summarize.

Two horizontal text input bars for critical judgment summary.

What do you believe is the theme or purpose of this resource?

Two horizontal text input bars for theme or purpose.

What would you like the library to do about this resource?

Withdraw it from the collection     Reevaluate for collection development

Restrict usage. If so, to whom?

Other. Please be specific:

Regarding your choice above, please explain how your desired action would improve the library's service to the community.

Two horizontal text input bars for explanation of desired action.

Patron signature: .....

\*\*\*Below to be completed by DPLS staff\*\*\*

Date received:	<input type="text"/>	Director Initial	<input type="text"/>	Patron called	<input type="text"/>		
Committee Meeting	<input type="text"/>	Patron notified of decision	<input type="text"/>	Trustees notified	<input type="text"/>	Board meeting	<input type="text"/>