

## Request for Reconsideration of Library Materials Form

Requests to remove or reassign materials from the \_\_\_\_\_ Library shall be considered by a Selection Review Committee using the Collection Development Policy and will be scored using a scoring matrix mirroring the policy and selection criteria. See the full policy at [website].

Completing and submitting this form initiates a formal process to reconsider an item's placement in the local \_\_\_\_\_ Library collection. Please respond to all questions. For assistance, interpretation, or accommodations for this process, see library staff.

**I have read the \_\_\_\_\_ Library Collection Development policy in its entirety.**

Yes  No

**I have had an opportunity to ask \_\_\_\_\_ Library staff questions about the policy.**

Yes  No

**I understand the policy.**

Yes  No

**I seek reconsideration of the following material owned by \_\_\_\_\_ Library:**

Title: \_\_\_\_\_

Author / Producer: \_\_\_\_\_

Format: \_\_\_\_\_

Publisher: \_\_\_\_\_

Publication Date: \_\_\_\_\_

**I read, viewed, or listened to the entire work:**

Yes  No

*If not, what sections did you review?* \_\_\_\_\_

**Requested by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Group or organization affiliation (optional): \_\_\_\_\_

**Please tell us more about the library material in question.** All questions are required and help the Selection Review Committee understand the request for reconsideration.

1. How did you become aware of this library material?
2. What do you believe is the main idea or purpose of this material?
3. To what do you object and why? Please cite evidence from the material (page numbers, chapters, time stamp, etc.)
4. What is the context surrounding the objectionable sections?
5. Does the item include beneficial or informative sections? If yes, please list.
6. What do you feel might be the result or outcome of a library user using this item?
7. For what age group would you recommend this item?
8. What outcome are you hoping to achieve with this request?
9. Are there any alternate solutions that might also appease your concern?
10. Is there a title or author/producer you recommend in place of this item to provide information on the subject?

11. Do you have any other information or comments you would like to share?

Your signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

After you have submitted this form, the Library Manager will designate a Selection Review Committee made up of Library staff and at least one Library Advisory Board member. The Review Committee will determine if the material meets the Library's Collection Development Policy and if any changes should be made to its assigned collection. You will receive the decision in writing. The requester may appeal the decision of the Selection Review Committee in writing to the City Manager or designee within 10 days of issuance. This form becomes part of public record. The title(s) and author(s) of the work(s) will be submitted to the State Library of \_\_\_\_\_ and the [State Library Association]. The State Library annually submits reports to the ALA's Office of Intellectual Freedom.

**Staff Use Only**

Date form received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Form received:  In-person  Email  Other: \_\_\_\_\_

Form originally received by: \_\_\_\_\_

Routed to Library Manager on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Collection Development Policy reviewed with requestor:  In-person  Email  Other: \_\_\_\_\_

Item barcode or bib record #: \_\_\_\_\_

Call #: \_\_\_\_\_ Collection or display location: \_\_\_\_\_

Selection Review Committee scoring matrix reviewed on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Decision: \_\_\_\_\_

Written decision sent on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ via  USPS  Email  Other: \_\_\_\_\_

Filed with State Library of Oregon on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ Library / address / phone / web address