

## **REQUEST FOR RECONSIDERATION OF**

## LIBRARY RESOURCES FORM

The Library Board of Trustees has delegated the responsibility for selection and evaluation of library resources to the Library Director and has established reconsideration procedures to address concerns about those resources. Completion of this form is the first step in those procedures. If you wish to request reconsideration of a library resource, please return the completed form to Yvette Couser, Library Director, Merrimack Public Library, 470 Daniel Webster Highway, Merrimack, NH 03054

*Please note: Your comments are public records. However, your name, address, and phone number will be kept confidential from the general public to the greatest extent allowed by law.* 

Name	Date
Addres	ss Town
State _	ZipPhone
Do yo	ou represent yourself? An organization?
1.	Type of Resource on which you are commenting: (book, movie, program, display, etc.)
Title _	
Author	r/Producer:
2.	What brought this resource to your attention?
3.	Have you read the library's criteria for selection, including the Library Bill of Rights and Freedom to Read Statement, as stated in MPL's policies?

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

- 6. Did you read, watch or listen to the entire work? What parts, if not the entire work?
- 7. Is there anything good about this resource?
- 8. For what age group do you recommend this resource?
- 9. Are you aware of critical judgment of this resource? If yes, please summarize.
- 10. What do you believe is the theme or purpose of this resource?
- 11. What would you like the library to do about this resource?
- \_\_\_\_Withdraw it from the library collection. \_\_\_\_Reevaluate for collection development.

\_\_\_\_Restrict its usage. If so, to whom? \_\_\_\_\_

\_\_\_\_Move to different collection

\_\_\_\_ Other. Please be specific \_\_\_\_\_\_

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

Signature of complainant \_\_\_\_\_

## \*\*\*\*Below to be completed by MPL staff\*\*\*\*

Date received	Director initials	Patron called	Committee meeting	
---------------	-------------------	---------------	-------------------	--

Patron notified of decision\_\_\_\_\_ Board of Trustees notified \_\_\_\_\_ Board meeting \_\_\_\_\_

Approved by the MPL Board of Trustees 6.17.08; 3.19.19; 12.21.21; 6.18.24