



WINFIELD PUBLIC LIBRARY

REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

(See Online Form)

Date:

Name:

Address:

Phone & Email:

Do you represent self? _____ organization? _____ Name of Organization _____

Resource on which you are commenting:

- | | | |
|--------------------------------|---|------------------------------------|
| <input type="checkbox"/> Book | <input type="checkbox"/> Audio Recording | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> eBook | <input type="checkbox"/> Digital Resource | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Movie | <input type="checkbox"/> Game | <input type="checkbox"/> Other |

Title _____ Author _____

Publisher/Producer _____ Year Published _____

Reasoning & Background (please submit as an attachment)

1. What do you believe is the theme or purpose of the material?
2. Is your objection to this material based upon personal exposure to it, upon reports you have heard, or both?
3. Have you read/heard/seen the material in its entirety?
4. To what do you specifically object:
5. Does the material have any merit or value for a specific population or age group?
6. For what age group do you believe this material would be appropriate?
7. Are you aware of the judgment regarding this book or material by literary or educational reviewers?
8. What action would you recommend be taken regarding the use of this material?

Signature _____ Date _____