

Dover Public Library
REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

The Dover Public Library, and the Board of Library Trustees, supports the American Library Association's Library Bill of Rights. We also value the community member's right to express their concerns regarding materials that are a part of the library's collection. If there is an objection to an item being in the Library's collection, there is an option to request that the item be re-evaluated. The requesting library patron must complete this form and submit it to library staff. We ask you to read our entire Collection Development Policy and its appendices prior to submitting this form.

Once the completed form has been submitted, the Library Director will appoint a review committee of library staff members with appropriate professional expertise. After a thorough review has been completed, the committee will make its recommendation to the Library Director. The Library Director will review the committee's findings and contact the requesting party with her decision. If the requesting party is not satisfied, and wishes to appeal the decision, the request will then be forwarded to the Board of Library Trustees. The Board of Library Trustees will have final decision on any request for the removal of materials from the Library.

Please respond to the following:

A. Description of item concerned:

Check one:

- | | |
|---|---|
| <input type="checkbox"/> Book | <input type="checkbox"/> Audiobook |
| <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Video/DVD | |

Author/Artist: _____

Title: _____

Publisher or Distributor: _____

B. Questions about the item:

1. What do you find objectionable and/or offensive about this item? Please give specific examples, including listing pages or sections (attach additional sheets if needed).

2. Did you read/view/hear the entire work? Yes No

If not, what parts did you read/view/hear? _____

3. Have you read any published reviews of this item? Yes No

If yes, please give name and date of publication: _____

4. What action do you request the library take? _____

5. Do you have a recommendation for an alternative to this item? _____

C. In order to respond to your request, we need the following information:

Your name: _____

Address: _____

Telephones: Day _____ Evening _____

E-mail address: _____

Representing:

- Self
- Organization (Name) _____
- Other (Identify) _____

D. Signature of person submitting the Reconsideration Form:

_____ Date _____

**Dover Public Library appreciates your interest in the Library's collection.
You will receive notification of the library's decision after its consideration
by a Review Committee and the Library Board of Trustees.**

E. Signature of Library staff member receiving the Reconsideration Form:

_____ Date _____