

Dover Public Library
Patron Request for Review of Library Materials

Please fill out this form and return it to the Library Director, 73 Locust St., Dover, NH 03820

MATERIAL ON WHICH YOU ARE COMMENTING:

Title: _____

Type of Material: Adult book _____ Young Adult book _____ Children's book _____

Magazine/newspaper _____ (specific issue? _____)

Audio recording _____ Music CD _____ DVD _____

Library program _____ Display _____ Electronic resource _____

Author/Performer/Producer _____

Copyright Date _____

REQUEST SUBMITTED BY:

Name _____

Address _____

Telephone _____

COMPLAINANT REPRESENTS:

Self _____ OR, Organization (Name) _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS. If sufficient space is not provided, you may use the reverse side of this sheet.

1. What brought this resource to your attention?

2. Have you seen or read this material in its entirety?

3. To what do you object? Cite specific passages, pages, etc.

4. What do you believe is the theme or purpose of this material?

5. What do you feel might be the result of the reading, viewing or listening to this material?

6. Are you aware of the reviews of this material by critics?

7. In its place, what material do you recommend that would provide adequate information on the subject?

8. What action do you request the library to take?

DATE_____ SIGNATURE_____

A response from the Dover Public Library regarding the *Request for Review of Library Materials* shall be available after its consideration by a Review Committee and the Library Board of Trustees.

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Action Form

Staff member(s) who spoke or corresponded with the complainant:

Staff member(s)' remarks:

Date of Review Committee meeting _____

Committee Recommendation:

Date of Library Board consideration _____

Library Board Decision:
