REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

Name ________________________________________________________________

Address ______________________________________________________________

City __________________________ State ______ Zip __________________________

Telephone Number ________________________________

Material Challenged:

Author ________________________________________________________________

Title ________________________________________________________________

Type of material _______________________________________________________

☐ I have read/viewed the material in its entirety.   ☐ I have not read/viewed the material in its entirety.

Specific nature of the complaint:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What do you believe is the theme or intent of the material?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ A copy of the Decatur Public Library Material Selection and Collection Development Policy has been
made available to me.

☐ I am acquainted with the policy and believe this material fails to meet this policy because:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ I agree that this material meets criteria currently established, but I would like the policy modified to
exclude such material because:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Patron __________________________ Date __________________________

Received by Staff Member __________________________ Date __________________________

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