

Request for Reconsideration of Library Materials

Name _____ Library Card# _____

Name of Organization (if applicable) _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Book _____ Periodical _____ Movie _____ Other _____

_____ I skimmed/scanned parts of the item _____ I actually read / listened to / watched the entire item

Title of Item _____

Author _____

Publisher _____ Publication date _____

What are you requesting?

_____ Item be removed completely _____ Item be relocated to a more age-appropriate collection

To what specifically do you object and why? (Please be specific. Cite pages, sections, or timestamps.)

(Please use another sheet of paper if you need more room.)

Signed _____ Date _____

Staff: Please route completed form along with the challenged book to the Director.

The item will be reviewed by a committee of professional librarians for recommendation to Library Director:

Comments from Committee:

Library Director's Decision:

_____ Maintained in the current collection

_____ Moved to a different collection _____

_____ Removed from the Library

Signature

Date

Notes:

You may appeal this decision in writing to:

Board of Trustees
Mishawaka-Penn-Harris Public Library
209 Lincolnway East
Mishawaka, IN 46544

