Harrison Public Library Request for Reconsideration of Material Form

The Library Board of the Harrison Public Library has established a procedure for gathering input about particular items. Completion of this form is the first step in that procedure. If you wish to request reconsideration of a resource, please return the completed form to the library director.

Date __________________________________________________________
Name __________________________________________________________________
Address __________________________________________________________________
City ____________________________ State/Zip _______________________
Phone ___________________________ Email __________________________
Do you represent self? ____ Or an organization? ____
Name of Organization ________________

1. Resource on which you are commenting:
   ____ Book (e-book) ____ Movie ____ Magazine ____ Audio Recording
   ____ Digital Resource ____ Game ____ Newspaper ____ Other
   Title __________________________________________________________________
   Author/Producer __________________________________________________________________

2. What brought this resource to your attention?
   _______________________________________________________________________

3. Have you examined the entire resource? If not, what sections did you review?
   _______________________________________________________________________

4. What concerns you about the resource?
   _______________________________________________________________________

5. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?
   _______________________________________________________________________

6. What action are you requesting the committee consider?