



## **REQUESTS FOR RECONSIDERATION OF LIBRARY MATERIALS PROCEDURES**

1. Galesburg Charleston Memorial District Library responds to requests for reconsideration of library materials from residents of the Library's service area.
2. Reconsideration requests must be in writing. Requestors must have read, heard or viewed the entire work to have their challenge considered.
3. The Library Director, along with two members of the Library Board, will review the item considering the patron's concern, the library selection policy, and professional reviews of the title.
4. The committee's decision will be communicated in writing to the requesting party via a letter sent by the Library Director within thirty (30) days of receipt of the written complaint.

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# Request for Reconsideration of Library Materials

Your Name: \_\_\_\_\_ Library Barcode: \_\_\_\_\_

Are you a GCMDL service area resident? (Only residents may complete this form.) Yes / No

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Township: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I Represent: \_\_\_\_\_ Myself \_\_\_\_\_ An organization

Name of Organization: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

Author: \_\_\_\_\_ Pub. Date: \_\_\_\_\_

Format: \_\_\_\_\_ Book \_\_\_\_\_ eBook \_\_\_\_\_ Audiobook \_\_\_\_\_ DVD / Blu-Ray

Have you read, viewed or heard the entire work? Yes No  
(Requestors must read, hear or view the entire work to have their challenge considered.)

Have you read any professional reviews of this work? Yes No  
If yes, please list the publications here: \_\_\_\_\_

For what age group is this work intended? \_\_\_\_\_

What do you believe is the theme and/or major intent of this work?

What is your objection to this work? Please be specific.

In its place, what work of equal literary quality would you recommend the library purchase that would cover the same subject or content?

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by / date: \_\_\_\_\_ Director / date: \_\_\_\_\_