

Request for Reconsideration of Library Materials
Barrington Public Library- New Hampshire

Title of Item: _____

Author: _____

Format (Book, DVD, CD, Etc.) _____

Request Initiated By: _____

Telephone: _____ Email: _____

Mailing Address: _____

Complainant Represents:

Himself/Herself: __

Organization__

If you checked organization, please provide the name of the group,
phone number, e-mail, and mailing address below:

If you need more room, please attach a separate sheet, or, use the back
of this form.

Have you read, viewed, listened to the entire work? Yes___ No___

If no, what parts? _____

How was this materials brought to your attention?

To what do you object in this material? (Please be specific, cite pages):

What do you feel would be the result of having access to this material?

For what age group do you feel this material is appropriate?

What positive aspects of this work do you find?

Have you read any reviews of this item by literary critics? Yes___ No___

If so, what did you learn about the item?

What do you believe is the theme or purpose of this work?

What would you the library to do about this item? How do you feel this course of action will better serve yourself and everyone in your community?

What item of equal or better quality would you recommend to convey this topic? Or, what item would you recommend that might offer an alternate viewpoint to this item?

Date: _____ Signature of Complainant: _____