

COLUMBIA HEIGHTS PUBLIC LIBRARY
820 40TH AVE. N.E. 3939 CENTRAL AVE NE
COLUMBIA HEIGHTS, MN 55421-2996

CITIZEN'S REQUEST FOR RECONSIDERATION OF LIBRARY MATERIAL

By completing this form, you are asking that the Library reconsider its selection of a library resource or material.

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Request initiated by:

First Name, Last Name _____

Email _____

Phone: cell _____, home or work _____

Are you a resident of Columbia Height? y/n

Address

Street, Apt #

City, State, Zip

What would you like reconsidered: _____

Printed Material

Video

Audio Recording

Electronic Resource

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Author/Producer: _____

Title: _____

Publisher ~~or product~~: _____

Publication date: _____ Call number: _____

Request initiated by: _____

Address: _____

City: _____ Zip code: _____

Telephone: _____

Complaint represents (check one):

_____ Himself/Herself

_____ Organization Name: _____

_____ Other group Identify: _____

Check one item: _____ Book _____ Periodical _____ Audio cassette _____

_____ Video/DVD _____ Other

1

Revised 8/8/07; 12/1/2021

1. Did you read or view the entire item? _____
~~1-2~~. If not, which parts did you read/view?

~~2-3~~. Specifically, to what do you object?

~~3-4~~. What do you feel might be the result of reading, hearing, or seeing the material?

~~4-5~~. What is there about this material that you consider good or useful?

~~5-6~~. Are you aware of the judgment or evaluation of this material by professional reviewers?

~~6-7~~. What do you believe to be the theme or message of this material?

7. What would you like your library to do about this ~~book~~resource?

Attach additional sheets if necessary.

Signature of Complainant

Date