



REQUEST FOR RECONSIDERATION FORM

Columbia Heights Public Library: 3939 Central Avenue NE, Columbia Heights, MN 55421 • 763-706-3690

Request for Reconsideration of Library Resource or Material: By completing this form, you are asking that the Library reconsider its selection of a library resource or material. The library respects the right of persons to express their opinions, negative and positive, with respect to materials purchased by the library. When the request is received, professional staff will review the material and prepare a recommendation; you will receive a letter containing this recommendation. The Library Board, upon request, will hear appeals to the Library's response. Appeals must be presented in writing to the Library Board at least ten (10) days in advance of the next regularly scheduled meeting of the Board. Decisions on appeals are based on careful review of the objection, the material, and Library policies, including: the [Library Bill of Rights](#), [Freedom to Read](#), and [Freedom to View](#). No material will be arbitrarily removed from the collection because of a complaint from a patron. No material will be reconsidered without a written Request for Reconsideration. A title which has been reviewed will not be reviewed again before three years have elapsed since the last review. Please read the *Collection Development Policy* for more information about how library materials are selected. **Submit only one (1) item per form.**

REQUESTOR	<hr/>	<hr/>	YES: <input type="radio"/> NO: <input type="radio"/>
	FIRST NAME	LAST NAME	COLUMBIA HEIGHTS RESIDENT?
	<hr/>	<hr/>	<hr/>
	E-MAIL ADDRESS	PHONE (CELL)	PHONE (HOME OR WORK)
	<hr/>		
	HOME ADDRESS		

ITEM TO BE RECONSIDERED:	PRINT MATERIAL: <input type="radio"/>	AUDIO: <input type="radio"/>	VIDEO: <input type="radio"/>	ELECTRONIC RESOURCE: <input type="radio"/>
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MATERIAL	<hr/>	YES: <input type="radio"/> NO: <input type="radio"/>	
	AUTHOR/ARTIST/PRODUCER (IF APPLICABLE)	READ/WATCHED IN ITS ENTIRETY?	
	<hr/>	<hr/>	
	TITLE OR NAME OF ELECTRONIC RESOURCE		
	<hr/>	<hr/>	
	PUBLISHER (IF KNOWN)	PUBLICATION YEAR	LIBRARY CALL# (IF APPLICABLE)

IF YOU DID NOT READ, LISTEN, OR WATCH ENTIRELY, WHICH SECTIONS DID YOU?
WHAT CONCERNS YOU ABOUT THIS MATERIAL?
WHAT DO YOU FEEL ARE THE CONSEQUENCES OF READING, HEARING, OR SEEING THIS MATERIAL?
WHAT DO YOU BELIEVE TO BE THE THEME OR MESSAGE OF THIS MATERIAL?

ARE THERE POSITIVE OR USEFUL QUALITIES ABOUT THIS MATERIAL, AND WHAT ARE THEY?

ARE YOU FAMILIAR WITH JUDGEMENTS/EVALUATIONS OF THIS MATERIAL BY PROFESSIONAL REVIEWERS?

WHAT ACTIONS ARE YOU REQUESTING THE LIBRARY TAKE ON THIS MATERIAL?

COMMENTS (ATTACH ADDITIONAL PAGES, IF NEEDED)

- ONE (1) ITEM PER FORM; FILL OUT FORM COMPLETELY; SIGN BELOW BEFORE SUBMITTING -

REQUESTOR'S SIGNATURE

DATE

STAFF USE ONLY

RECEIVED BY:

RECEIVED DATE:

ACTIONS:

FORWARD THIS COMPLETED FORM TO THE LIBRARY DIRECTOR IMMEDIATELY UPON RECEIVING.

REVISED: 8/8/2007; 1/3/2022; X/X/2026