

**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**

The library respects the right of persons to express their opinions, negative as well as positive, with respect to materials purchased by the library. Persons wishing to express their opinions may complete this form; by completing it, you are asking that the Library reconsider its selection of a library resource or material.

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The material will be reviewed by one of the professional staff members. The professional staff member and the director will have a conversation about the item and a written response will be supplied to the complainant. If necessary, the material may also be reviewed by the Board of Trustees and the City Manager.

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. Please read the Collection Development policy for more information about how library materials are selected.

(HCL: The Library Board, upon request, hears appeals of 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 Board policies including: this policy, Library Bill of Rights, Freedom to Read, and Freedom to View. The final decision on appeals rests with the Library Board and will be taken up at Board meetings.)

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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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Aligned at: 0.25" + Indent at: 0.5"

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Author/Producer: \_\_\_\_\_

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

1

Revised 8/8/07; 1/03/2022

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.~~ Did you read or view the entire item? \_\_\_\_\_

~~10-2.~~ If not, which parts did you read/view?

~~11-3.~~ Specifically, to what do you object?

~~12-4.~~ What do you feel might be the result of reading, hearing, or seeing the material?

~~13-5.~~ What is there about this material that you consider good or useful?

~~14-6.~~ Are you aware of the judgment or evaluation of this material by professional reviewers?

~~15-7.~~ 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?

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Revised 8/8/07; 1/03/2022

Attach additional sheets if necessary.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date