

# FORMAL REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

The Board of Trustees of the Patchogue-Medford Library has delegated the responsibility for selection and evaluation of library materials to the Library Director and, under his or her directions, to the professional staff members who are qualified for this activity, and has established reconsideration procedures to address concerns about those materials. If you wish to request reconsideration of library materials, please return this completed form to:

Library Director, Patchogue-Medford Library, 54-60 E. Main Street, Patchogue NY 11772

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

Requester represents: \_\_\_\_\_ him/herself  
\_\_\_\_\_ Organization, please name: \_\_\_\_\_  
\_\_\_\_\_ Other, please indicate: \_\_\_\_\_

.....  
Please complete the items below. **You may attach additional sheets as necessary.**

1. Author: \_\_\_\_\_ Title: \_\_\_\_\_

The material you are commenting on is: (please check)

Book                       Video                       DVD                       Display

Magazine                       Audio Recording                       Newspaper

Electronic information/network (please specify): \_\_\_\_\_

Other: \_\_\_\_\_

2. What brought this resource to your attention? \_\_\_\_\_

\_\_\_\_\_

3. To what in the material do you object? Please be specific. Attach additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Why do you object? Attach additional sheets if necessary. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. For what age group would you recommend this material? \_\_\_\_\_

Why? \_\_\_\_\_

6. Is there anything good about the material? \_\_\_\_\_

\_\_\_\_\_

7. Did you read, watch or listen to the item in its entirety? \_\_\_\_\_

If no, what part or parts did you read, watch or listen to? \_\_\_\_\_

8. What would you suggest the library do about this material? \_\_\_\_\_

\_\_\_\_\_

9. Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of requester: \_\_\_\_\_ Date: \_\_\_\_\_