

PICKERINGTON PUBLIC LIBRARY REQUEST FOR RECONSIDERATION

This form may be completed online or printed and submitted to any staff member

	Date	
Name _	Phone #	
Address	3	
City	State Zip	
Email_		
Do you r	represent: ☐ yourself ☐ an organization? (check one)	
What typ	pe of material or service are you commenting on?	
Lib	orary ProgramOnline Resource/websiteCirculating Materi	al
Bo	okMagazine/NewspaperAudio BookDisplay/Exhib	oit
DV	/D/Blu-rayMusic CDOther (Brief Description)	
What iter	m/program/ display/exhibit are you commenting on?	
If comm	nenting on an item, what is the title and author/performer/producer?	
listened t	wing questions are to be answered after the customer has read, viewed, or to the library material in its entirety. If sufficient space is not provided, attach al sheets. (Please sign your name on each additional attachment.)	
1.	Did you read, view, or listen to the entire material?yesno	
2.	How did this title come to your attention? (Recommended by staff member, review, friend's recommendation, found on shelf, visited library, library calendation.)	ar

announcement, publicity announcement, etc.)

3.	What do you believe is the theme or purpose of this material?
4.	What do you feel might be the result of reading, viewing, or listening to this material?
5.	To what in the material do you object? (Please be specific, cite pages, film sequence, etc.)
6.	Do you find anything of value in the material?yesno
	If yes, please explain
7.	Do you have any reviews of the material?yesno
- •	You may be asked to provide copies of the reviews you have collected.
	Tou may be deliced to provide depict of the reviews you have deliceted.

8. For what age group would you recommend this material?

	9.	What would you like our library to do about this material? aWithdraw it.
		bRelocate it.
		cOther
	10	. In its place what material on this subject would you recommend?
		nat is it that you find objectionable? Please be specific; cite pages, excerpts, or henever possible.
		.The material will remain in circulation during the review process.
		enting on a class/event/display/exhibit what it the name of the event/exhibit date?
staff o	r le: is r	ving questions are to be answered after the customer has spoken with Library adership regarding the content of the class, event, or exhibit. If sufficient not provided, attach additional sheets. (Please sign your name on each attachment.)
	1.	How did this class/event/display/exhibit come to your attention? (Recommended by staff member, review, friend's recommendation, found on shelf, visited library, library calendar announcement, publicity announcement, etc.)

2.	Has the class/event/display/exhibit already happened?yesno If so, did you attend or see this in person?yesno
3.	What do you believe is the theme or purpose of this class/event/display/exhibit?
4.	What do you feel might be the result of attending or viewing this class/event/display/exhibit?
5.	To what in the class/event/display/exhibit do you object? (Please be specific, cite pages, film sequence, etc.)
6.	Do you find anything of value in offering the class/event/display/exhibit?no If yes, please
	explain
7.	For what age group would you recommend this type of class/event/display/exhibit?
8.	What would you like our library to do about this class/event/display/exhibit? a Rework it to remove parts.
	h Relocate it to another part of the Library

	c Cancel it
	dOther
9.	In its place what class/event/display/exhibit on this subject would you recommend?
10	. What is it that you find objectionable? Please be specific; cite pages, excerpts, or scenes whenever possible.
11.	The class/event/display/exhibit will remain scheduled during the review process.
	Signature of Customer
	Date
	You may submit the form online or return the completed form to:
	Library Director

Library Director Pickerington Public Library 201 Opportunity Way Pickerington, OH 43147