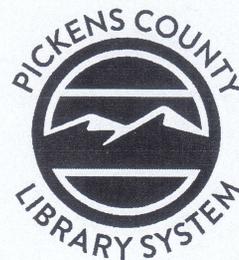


# Request for Reconsideration of Library Resources



The Pickens County Library System has established reconsideration procedures to address concerns about materials, programs, displays and other resources. Completion of this form is the first step in those procedures. If you wish to request reconsideration of any library resource, please return this completed form to staff at any location.

*While we understand that individuals residing outside the county may have concerns, we will only respond to reconsideration requests completed by Pickens County residents. We cannot process requests made by residents on a non-resident's behalf.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you represent yourself?  Yes  No Organization: \_\_\_\_\_

Resource on which you are commenting:

Book  DVD  Audio Recording  Display  Book  Library Program  Website

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

Resource (title, website, etc.): \_\_\_\_\_

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

**Please use reverse or attach another sheet if more space is needed**

1) What brought this resource to your attention?

2) Have you read or examined the entire resource, or did you attend the program?

3) To what in the material/program do you object? (please be specific with page numbers)

4) What do you feel might be the result of reading, viewing or listening to this material, or to attending this program?

5) Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

6) What action are you requesting the library to take concerning this resource?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The library appreciates your interest. Your comments will be forwarded to the Director, who will respond by letter.

Location: \_\_\_\_\_ Staff: \_\_\_\_\_ Rec: \_\_\_\_\_ Initial letter: \_\_\_\_\_ Reviewed: \_\_\_\_\_ Response: \_\_\_\_\_