

Hagaman Memorial Library Request for Reconsideration Form

The Director and Board of Trustees of Hagaman Memorial Library have entrusted the responsibility of selecting, managing, and deselecting materials to professional staff, whose education and experience has prepared them for these important duties. In the event that a member of the community would like to request reconsideration of library materials, completion of this form is the first step. If you wish to request reconsideration of library materials, this form must be completed in its entirety and returned, in person, at 227 Main Street, East Haven, Connecticut 06512.

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ or Email address: _____

Library Card Number: _____

Are you representing yourself or an organization? _____

If you are representing an organization, please list the organization: _____

Resource on which you are commenting:

Title: _____

Author/Producer: _____

Year Published: _____

Format: _____

Please answer all of the following questions to the best of your ability.

1. What is the subject of the resource?

2. What brought this resource to your attention?

3. Have you read or viewed the entire resource? If not, what portion did you view?

4. What age level do you feel would be the appropriate audience for this resource?

5. If the item was removed from the library, what item would you suggest to replace it?

6. What concerns do you have about the resource? (*use additional pages if necessary*)

Date: _____ Signature: _____