

Providence **Community** Library

O U R N E I G H B O R H O O D L I B R A R I E S

Request for Reconsideration of Library Resources Form

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Do you represent a group? Yes No (circle one)

If yes, please identify: _____

Type of Material: _____

Title: _____

Author/Editor: _____

Publisher: _____

Have you examined the entire resource? Yes No (circle one)

If not, what portions have you examined? _____

Please describe your concerns with the resource? Why? (Please be specific)

What specific pages, sections, or features illustrate your concerns?

How could your concerns about the resource be resolved?

Patron Signature: _____ Date: _____

Library Director Signature: _____

Date Received: _____

Only signed forms will be considered. The Library Director will acknowledge receipt of the form within two weeks.

A copy of the request form without identifying patron information will be mailed to the ALA Intellectual Freedom Committee.

Approved by the Providence Community Board of Directors, 12/21/2015

