

### Current

- All complaints concerning materials in the Library are to be referred to the Library Director.
- If a person wishes to object to any material in the Library, he/she must fill out the form “Request for Reconsideration of Library Materials” and submit this to the director.
- The Director will appoint library staff to review the item(s). If the complaint is about a children’s or young adult book, the Children’s and Young Adult Librarian will be part of this review. The recommendations of the library staff will be submitted in writing to the director.
- The Library Director will review the item(s) and staff recommendations and reply in writing to the person within a period of two weeks.
- If the complainant is not satisfied by the Library Director’s reply, he/she may refer the complaint to the Library’s Advisory Group at the next regular meeting of the Board.

### Proposed

- All complaints concerning materials in the Library are to be referred to the Library Director.
- If a person wishes to object to any material in the Library, he/she must fill out the form “Request for Reconsideration of Library Materials” and submit this to the director.
- Requests for reconsideration of Silver City Public Library material may only be made by residents of Grant County.
- The request for reconsideration form must be completed in full.
- The Library Director will read/watch the item(s), and appoint library staff to read/watch the item(s). If the complaint is about a children’s or young adult book, the Children’s and Young Adult Librarian will be part of this review. Library staff will submit their recommendations in writing to the Director. The Director will review the staff recommendations and reply in writing to the complainant. This process may take approximately one month.
- If the complainant is not satisfied by the Library Director’s response, he/she may refer the complaint to the Library’s Advisory Group at the next regularly scheduled meeting of the Advisory Group.
- The complainant must meet with the library director to get the request for reconsideration on the agenda for the Library Advisory Group.
- The title must be read by the Library Advisory Group members. This may impact on which month the item can be placed on the agenda.
- After hearing the input from the Library Director and the person making the request for reconsideration, the Library Group will have to read/view the work/book before making a recommendation in writing to the Library Director and the person making the request for reconsideration. The Advisory group will have 30 days to make their recommendation.



**Request for Reconsideration of Library Materials (Current)**

Title \_\_\_\_\_

Select one: Book      Periodical      Other \_\_\_\_\_

Author: \_\_\_\_\_

Publisher: \_\_\_\_\_

Requests initiated by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Do you represent:

Yourself

An organization (name) \_\_\_\_\_

Other group (name) \_\_\_\_\_

To what in the work do you object/ (Please be specific, cite pages.)

\_\_\_\_\_

Did you read the entire work? \_\_\_\_\_ What parts? \_\_\_\_\_

\_\_\_\_\_

What do you feel might be the result of reading this work? \_\_\_\_\_

\_\_\_\_\_

For what age group would you recommend this work? \_\_\_\_\_

\_\_\_\_\_

What do you believe is the theme of this work? \_\_\_\_\_

\_\_\_\_\_



Are you aware of judgment of this work by literary critics? \_\_\_\_\_  
\_\_\_\_\_

What would you like the library to do about this work?

Do not lend it to my child.

Return it to the staff selection committee/department for reevaluation.

Other, explain: \_\_\_\_\_  
\_\_\_\_\_

In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated? \_\_\_\_\_  
\_\_\_\_\_

Name (print): \_\_\_\_\_

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

Library Card Number: \_\_\_\_\_

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



### Request for Reconsideration of Materials **(working draft)**

Requests for reconsideration of Silver City Public Library material may only be made by residents of Grant County. For this request to be considered, this form must be completed in full. This request will be reviewed by a committee of librarians appointed by the Silver City Library Director. The Library Director will respond in writing to the request.

Format: Book          DVD          Other \_\_\_\_\_

Title \_\_\_\_\_

Author: \_\_\_\_\_

Publisher: \_\_\_\_\_

Did you read the entire work? \_\_\_\_\_ If not, what parts did you read? \_\_\_\_\_

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

Describe your concerns regarding the material. (Please be specific, cite pages.)

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

What would you like the library to do about this work? \_\_\_\_\_

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



In place of this work, what would you recommend that covers the same subject. \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Do you represent:

Yourself

An organization or group (name) \_\_\_\_\_

Name (print): \_\_\_\_\_

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

Library Card Number: \_\_\_\_\_

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