

**Materials Reconsideration Form**

**Material Information**

Author \_\_\_\_\_ Title \_\_\_\_\_

Publisher \_\_\_\_\_

Type of Material: \_\_\_\_\_ Book (hardcover, pb, etc.) \_\_\_\_\_ DVD \_\_\_\_\_ Audiobook  
\_\_\_\_\_ Other

**Request Initiated by:**

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

This complaint represents: \_\_\_\_\_ Individual \_\_\_\_\_ Organization (Name \_\_\_\_\_)

**Please answer the following questions about the material:**

Did you read/ view/ listen to the entirety of this item? If not, what parts? \_\_\_\_\_

To what in this item do you object, please be specific? \_\_\_\_\_

What was valuable in this work? \_\_\_\_\_

What harmful effect do you feel might be/ was the result of reading/ viewing/ listening to the item? \_\_\_\_\_

Do you believe this item or site serves any of the following purposes? (circle)

- A. Promotes understanding of other cultures or lifestyles? YES NO
- B. Promotes discussion of societal issues? YES NO
- C. Provides information about a subject unavailable from another source? YES NO

In its place, what other source would you recommend that would convey valuable information or perspective on this subject? \_\_\_\_\_

**What action is being requested:**  Reclassification  Removal  Replacement with more current materials

Signature of Boundary County Library Digital Cardholder: \_\_\_\_\_

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

**PLEASE attach additional documentation as needed.**

Hardcopy received by Director \_\_\_\_\_ Date \_\_\_\_\_