

DERRY PUBLIC LIBRARY
Request for Reconsideration of Materials or Programs - FORM
Approved 02/14/22

The Library Board of Trustees has delegated the responsibility of selection and evaluation of library resources to the Library Director and has established reconsideration procedures to address concerns about those resources.

If you wish to request reconsideration of a library resource, please return the completed form to the Derry Public Library, 64 E Broadway, Derry, NH 03038.

Name _____ Date _____

Address _____ City _____

State _____ Zip _____ Phone _____

Do you represent yourself? _____ An Organization? _____

1. Resource on which you are commenting:

___ Book ___ Textbook ___ Video/DVD ___ Display/Exhibit

___ Magazine ___ Library Program ___ Audio Book/Music CD

___ Newspaper ___ eBook/eMagazine ___ Videogame

___ Electronic Information ___ Other

Title _____

Author/Producer _____

2. What brought this resource to your attention?

3. Have you read the library's criteria for selection, including the Library Bill of Rights and Freedom to Read Statement, as stated in DPL's policies?

4. What concerns you about the resource? (If necessary, please attach additional pages)
Please be specific and cite pages or sections.

5. What resources would you suggest to provide additional information and/or other viewpoints on this topic?

6. Is there anything good about this resource? If so, please explain.

7. Did you read, watch, or listen to the entire work? If not, what part did you observe?

8. For what age group do you recommend this resource?

9. Are you aware of critical judgment of this resource? If yes, please summarize.

10. What do you believe is the theme or purpose of this resource?

11. What would you like the library to do about this resource?

___ Withdraw it from the collection. ___ Reevaluate for collection development.

___ Restrict usage. If so, to whom? _____

___ Other. Please be specific. _____

Regarding your choice above, please explain how your desired action would improve the library's service to the community.

Patron Signature: _____

***** Below to be completed by DPL staff *****

Date received: _____ Director Initial: _____ Patron called: _____ Committee meeting: _____

Patron notified of decision: _____ Board of Trustees notified: _____ Board meeting: _____