



## Salem Free Public Library

### Material Reconsideration Form

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I represent (check all that apply):      Myself: \_\_\_\_\_      An organization: \_\_\_\_\_

If you represent an organization, please include your position/title, organization name, address, and contact information: \_\_\_\_\_

Information about the item for which you have concerns:

Title: \_\_\_\_\_

Author/Artist/Producer: \_\_\_\_\_

Format (i.e. book, DVD, audio book, etc.): \_\_\_\_\_

What brought your attention to this material?: \_\_\_\_\_

Did you read, view, or listen to the entire work?: \_\_\_\_\_

Citing as specifically as possible, please explain your concerns about this work. Please include page numbers, track numbers, etc., when possible. Additional pages or supplemental material may be attached.

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

\_\_\_\_\_ Consider my opinion; no other action is necessary

\_\_\_\_\_ Formally review the material

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

Approved by Library Board, 12/13/21