

## Request for Reconsideration of Library Resources

If you wish to request reconsideration of library material or resources, please return the completed form to: Library Director, University City Public Library, 6701 Delmar Blvd. University City MO 63130 (Attach additional pages if needed.)

Name \_\_\_\_\_  
Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

Do you represent yourself? \_\_\_\_\_  
Do you represent an organization? \_\_\_\_\_ Name of organization \_\_\_\_\_

1. Resource on which you are commenting:

Title:

Author/Producer:

Book \_\_\_\_\_ Video \_\_\_\_\_ Magazine \_\_\_\_\_ Library Program \_\_\_\_\_  
Audio Recording \_\_\_\_\_ Electronic information/network (please specify): \_\_\_\_\_  
Newspaper \_\_\_\_\_ Display \_\_\_\_\_

2. What brought this resource to your attention?

3. Have you examined the entire resource?

4. What concerns you about the resource? Please be specific:

5. What of value is there in this work?

6. Are you aware of the reviews of this work by critics?

7. What do you believe is the theme or purpose of this work?

8. What do you feel might be the result of reading, viewing, or listening to this work?

9. Are there other resources you suggest which might provide additional information and/or other viewpoints on this topic?

10. What action do you request the Library to take?

Signature of Complainant \_\_\_\_\_ Date \_\_\_\_\_