Flenniken Public Library

102 E George Street Carmichaels, PA 15320 724-966-5263 www.flenniken.org

REQUEST FOR RECONSIDERATION FORM

The Flenniken Public Library supports the principles of intellectual freedom adopted by the American Library Association and stated in the Library Bill of Rights. We also value the community's right to express their concerns regarding materials that are a part of the library's collection. If there is an objection to an item being in the library's collection, there is an option to request that the item be reevaluated. The requesting library patron must complete this form and submit it to the Library Director.

Once the form is submitted, the Library Director will review the request with the appropriate professional library staff, and the patron will be informed of the decision in writing, as well as what action was taken. If the patron would like to appeal the decision, the Library Director will add the complaint to the agenda of the next regular meeting of the Library Board. The decision of the Library Board is final.

The Flenniken Public Library selects material with great care, using established criteria to meet patron needs and reflect a variety of viewpoints and opinions. The selection criteria are included in the Material Selection Policy, which is available on the library's website.

Please respond to the following:

A. Description of item concerned:

	Check c	one:		Book		Magazine/Nev	wspaper		Video/DVD				
				Music CD		Other (Descril	pe)						
	Author/Artist:												
	Title:												
Publisher or Distributor:													
в.	Questions about the item:												
	а.	Why do you think the item should be reconsidered? Please give specific examples, including listing page numbers or sections. Attach additional sheets if needed.											
	b.	Did you read/view/hear the entire work? Yes No If not, what parts did you read/view/hear?											

	C.	Have you read any published reviews of this item? Yes No If yes, please give name and date of publication:								
	d.	What action are you requesting the library consider?								
	e.	Are there items you suggest to provide additional information and/or other viewpoints on this topic?								
C.	In order to respond to your request, we need the following information:									
	Name:									
Address:										
	Telephone Number:									
	Email address:									
Representing: Self Organization (Name) Have you read the Flenniken Public Library's Material Selection Policy and Challenged Materials Pol on the library website? Yes No										
										Flenniken cardholder, and I understand that request forms submitted by non- cardholders will be ered invalid. Yes No
D.	Signature of person submitting the Request for Reconsideration Form:									
		Date:								
	the pro	nniken Public Library appreciates your interest in the library's collection. You will receive notification of gress or decision of this request within thirty days from the date the form is received by the library. A the request form without identifying patron information will be sent to the American Library Association tual Freedom Committee.								
E.	Signatu	re of library staff member receiving the Request for Reconsideration Form:								

Date: ___