



Temple Public Library

Form: Reconsideration of Library Materials Form
Updated: 8/5/2021

Library materials will not be reconsidered without a signed and fully completed form.

Title of Work: _____

Format of Material: _____

Author: _____

Call Number: _____

Barcode: _____

Name of Complainant Initiating Request: _____

Address: _____

Day Telephone: _____

Email Address: _____

Do you represent? Yourself Organization

Name of Organization: _____

President/Primary Officer of Organization: _____

Mailing Address of Organization: _____

Please see the following pages for questions pertaining to the content you found objectionable.

To what in the work do you object? Be specific, cite page numbers and quote exact passages; cite specific scenes and their location in the video; or specific tracks of a CD.

Did you read, watch, or listen to the entire work? _____
If not, what parts did you read (be specific, cite page numbers, chapters, scenes, sections, tracks, etc.)

In your opinion, what do you feel might be the result of reading, watching, or listening to this work? On what do you base this opinion?

What disposition do you wish concerning this work? Why?

Please see the following page for additional questions and signature information.

If the work purports to be a work of nonfiction, what inaccuracies in the text, pictures, or content did you observe? Be specific as to dates, persons, historical content, legal, medical information, etc., citing specific examples and page numbers.

Are you aware of judgments of this work by literary critics and/or subject specialists? What reviews have you researched? (Give specific citations)

In its place, what work would you recommend that would equally convey as valuable a picture and perspective of the subject treated? List specific titles with authors of materials. Materials must cover the same subject matter. Out of print publications should not be suggested.

Please check off that you have read the following documents:

- American Library Association: [Library Bill of Rights](#)
- American Library Association: [The Freedom to Read Statement](#)
- Temple Public Library: Collection Development Policy

Signature of Complainant _____

Printed name _____

Date _____

For Staff Use

Received By _____ **Date Received** _____

Board Decision: Keep Remove **Date of Decision:** _____