

## Austin Fletcher Memorial Library

### Material Review and Reconsideration Form

To request a review and reconsideration of materials, displays, or programs at the Austin Fletcher Memorial Library (the "library"), you must reside in the town of Hampton CT. Additionally, this form must include your full name, address, and telephone number.

Upon completing this form, the library director will provide you with a copy of the following documents:

- The library's Collection Development and Maintenance Policy
- The Library Bill of Rights
- The Freedom to Read statement from the American Library Association
- The Freedom to View statement from the American Library Association

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

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

1. Resource on which you are commenting:

\_\_\_\_\_ Book \_\_\_\_\_ Display \_\_\_\_\_ Movie \_\_\_\_\_ Magazine \_\_\_\_\_ Library Program  
\_\_\_\_\_ Music \_\_\_\_\_ Newspaper \_\_\_\_\_ Artwork \_\_\_\_\_ Other (please specify)

Title  
\_\_\_\_\_  
\_\_\_\_\_

Author/Artist/Producer/Provider  
\_\_\_\_\_

2. Specify which portion or portions of the material you find objectionable and explain the reason for your objection. (Use additional pages, if necessary.)

3. What brought this resource to your attention?

4. Have you read or viewed the resource material in its entirety? Y \_\_\_\_\_ / N \_\_\_\_\_

5. What concerns you about this material? (Use additional pages, if necessary.)

6. What do you believe is the purpose of this material?

7. For what age group should this material be recommended?

8. Overall, do you think there is any value in this material?

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

10. Are you aware of any critical reviews dealing with this material? If yes, please list them here or provide as an attachment.

11. Why do you believe your negative feelings about this work should prevent other members of the Hampton CT community, who may not share your concerns, from accessing this material?

12. What would you like the library to do about this material?

Please sign and date below and return this form to the Library Director. You will be notified within 60 days of receipt of the results of the reconsideration process. Reconsideration requests are not confidential patron records under section 11-25 of the CT General Statutes.

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