Request for Reconsideration of Library Materials and Services Form

The library recognizes that some materials and services are controversial and that any given item, program, or display may offend some patrons. Selection of materials and services will not be made on the basis of anticipated approval or disapproval but solely on the basis of the principles set forth in our collection development policy,

strategic plan, Oregon Library Association Public Library Standards, and American Library Association Library Bill of Rights. These documents are available on our website, hoodriverlibrary.org, or upon request.

Patrons may use this form to express concerns about materials that are in the Hood River County Library District collection or provided as a service by the District. Items and subjects that are reviewed pursuant to this request will remain in or with the library and available for lending or participation during the review process. In order to request a review, please provide the following information:

Name of person making request:	
Date:	
Address:	
Telephone:	Email:
Whom do you represent? (please check one): □ Self □ Organization □ Child	
If you represent a child residing in Hood □ Yes □ No	River County, are you the legal guardian?

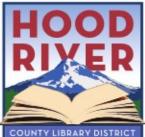
Name (if applicable): _____

Have you read the American Library Association Library Bill of Rights, the library's strategic plan, and the library's operations policy for collection development, programs, and displays?

These documents are available on our website, hoodriverlibrary.org, or upon request.

502 State Street Hood River · OR 97031

541 386 2535



Request for Reconsideration of Library Materials and Services Form , p.2
Item requested for reconsideration:
Title of work or program, or description of display:
Author, artist, or presenter:
Format: Printed book Audiobook DVD Program Display Other
Material designed for: □ Adult □ Young Adult □ Child
Please answer the following questions to the best of your ability.
1. Did you read, view, or listen to the material in its entirety? \Box Yes \Box No
2. If not, which part did you read or see, listen to, or otherwise use?
3. Have you read or heard reviews of this material or service? \Box Yes \Box No
4. If yes, please name review source:
5. To what in the material/s or of the service do you object? Please be specific. Please include page numbers if applicable.

6. What do you feel might be the result of reading, viewing, hearing or participating in this work?

7. For what age group would you recommend this material or service?

8. Is there anything good about the material or service?

9. What do you see as the purpose of this material or service?

10. What other material or service, serving substantially the same purpose, would you recommend in place of this material?

II. What would you like the District to do about this material or service?

Please return this form, with the date and your signature written below, to the Hood River County Library District at 502 State St., Hood River, OR 97031, info@hoodriverlibrary.org. If you have questions, please call us at 541-386-2535.

Thank you for taking the time to fill out this request. A response will be mailed when a review of the material or service is completed. Additional information regarding requests for reconsideration is available on our website, hoodriverlibrary.org, or upon request.

Signature of patron

Date

Approved by the Board of Directors: October 21, 2014 Last updated: June 13, 2023 Last reviewed: June 13, 2023