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 they wish to be included or excluded from 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 checl	k one): □ Self □ Organization □ Child
If you represent a child residing in Hoo □Yes □ No	d River County, are you the legal guardian?
Name (if applicable):	
•	ssociation Library Bill of Rights, the library's strategic plan, and ction development, programs, and displays?

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502 State Street Hood River - OR 97031

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.
I. 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? ☐ Yes ☐ No
4. If yes, please name review source:
 5. Please check the appropriate box: I. Are you seeking to include a service or material/s in the collection? If so, please answer question 5a. 2. Are you seeking to exclude a service or material/s from the collection? If so, please answer question 5b.
5a. Why do you feel the service or material/s should be included in the collection? Please be specific. Please include page numbers if applicable.
5b.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?

Signature of patron	Date	
,	ut this request. A response will be mailed when a review of the tional information regarding requests for reconsideration is rary.org, or upon request.	
	and your signature written below, to the Hood River County River, OR 97031, info@hoodriverlibrary.org. If you have 335.	
11. What would you like the Disti	trict to do about this material or service?	
10. What other material or service recommend in place of this materi	ce, serving substantially the same purpose, would you rial?	
9. What do you see as the purpos	se of this material or service?	
8. Is there anything good about the	he material or service?	
7. For what age group would you	recommend this material or service?	

Approved by the Board of Directors: October 21, 2014 Last updated: September 19, 2023 Last reviewed: September 19, 2023