

# PROSPECT PUBLIC LIBRARY

## REQUEST FOR RECONSIDERATION OF LIBRARY MATERIALS

**Please include your full name, address, and telephone number on this form or it will not be accepted. All requests must be from an individual residing in the town of Prospect.**

**Please note the patron requesting reconsideration of library material will be given a packet of documents that includes the Library's Collection Development and Maintenance Policy, the Library Bill of Rights, the Freedom to Read, and the Freedom to View statements from the American Library Association. These documents are available at the Information Desk and must be picked up in person.**

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Do you represent yourself? \_\_\_\_\_

Do you represent an organization? (please identify) \_\_\_\_\_

**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 is objected to and explain the reason for your objection. (Use additional pages, if necessary.)**

(2)

3. What brought this resource to your attention?
4. Have you read or viewed the 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 find there is any positive/beneficial value in this material?
9. Are there resources you can suggest providing additional information and/or other viewpoints on this topic?
10. Are you aware of any critical reviews dealing with this material? List here, or provide as attachment.

(3)

11. Why do you believe that your negative feelings about this work should prevent other members of the residents of the Prospect community, who may not share your concerns, from accessing this material?
  
12. What action would you recommend be taken regarding the use of this material?

**Please sign, 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. If you are not satisfied with the Library Director's decision, you may appeal - in writing - the ruling to the Prospect Library Board of Directors.**

**Note: Under Connecticut Public Act No. 25-168, Sec. 322, the library material challenged for reconsideration must remain in circulation and available to the public until a final decision is reached.**

**Reconsideration requests are not confidential patron records under section 11-25 of the CT General Statutes.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date of Signature)

**APPROVED BY LIBRARY BOARD OF DIRECTORS – NOVEMBER 13<sup>TH</sup>, 2025**

**SUSAN MCKERNAN - CHAIRPERSON**