REQUEST FOR RECONSIDERATION
OF LIBRARY MATERIAL

Dearborn Public Library

Please complete this form as fully as possible.

The individual submitting the request must be a resident of Dearborn/Dearborn Heights and hold a valid Dearborn Public Library card. The Administrative Panel will make the decision to keep the material in the collection, transfer it to a different area, or remove it entirely; and notify the patron of this decision within 30 days. If the individual is not satisfied with the decision, they may appeal to the Library Commission’s sub-committee dedicated to this matter. Until a final decision is made, item(s) will remain in the collection. Fair and balanced consideration will be given to all requests.

Title/URL (Internet address) _________________________________________________

Author (if applicable) _______________________________________________________

Request initiated by: _______________________________________________________

Name

Address: ________________________________________________________________

Street City State Zip

Phone Number: _______________________________ □ Home □ Work □ Cell

Do you represent:

______ yourself

______ an organization _____________________________

(Name of Organization)

______ other group _____________________________

(Name of Group)

FORMAT OF MATERIAL:

_____ Book _____ Audiobook _____ Film _____ Online Resource _____ Other
1. To what, in this material, do you object? (please be specific, e.g. cite page numbers, URLs) ________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. Did you read/view/listen to the entire work?     _____ Yes     _____ No
If no, which parts have you read/viewed/listened to? ________________________________________________________________
____________________________________________________________________
____________________________________________________________________

3. What do you believe may be the result of reading/viewing/listening to this work?
____________________________________________________________________
____________________________________________________________________

4. For what age group would you recommend this material? ______________________
____________________________________________________________________

5. Are you aware of judgments of this material by literary critics? __________________
____________________________________________________________________

6. Additional comments (please attach a separate sheet, if necessary) ______________
____________________________________________________________________

Signature _________________________________    Date ________________________

10/12/2022