

# Kingston Public Library

## Patron's Request for Reconsideration Of Library Materials

Name of person initiating review of material \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Complainant represents: \_\_\_\_\_ (Self)  
\_\_\_\_\_ Name of organization

Title of item \_\_\_\_\_

Format of Item (book, magazine, CD, DVD, other) \_\_\_\_\_

Name of author/artist/editor/other \_\_\_\_\_

Name of publisher or producer \_\_\_\_\_

After having read/viewed/listened to the item in questions, what do you object to and why?  
Please be specific and cite page numbers or frames. Please use the back of this form if  
necessary.

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What do you believe the theme and purpose of this item are? \_\_\_\_\_

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**Is your objection to this material based upon your personal exposure to it or upon reports you have heard from others? Or both?** \_\_\_\_\_

**Have you read/heard/seen this material in its entirety?** \_\_\_\_\_

**What do you feel might be the result of an individual's reading/listening to/ watching this material?** \_\_\_\_\_

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**Do you think this item has any merit? Please explain:** \_\_\_\_\_

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**Have you read any professional reviews of this item?** \_\_\_\_\_

**For what specific population or age group do you believe this item would be appropriate?** \_\_\_\_\_

**What would you like the Library to do with this item?**

- \_\_\_\_\_ **Do not circulate it to patrons under 16 years of age**
- \_\_\_\_\_ **Withdraw it from the library collection**
- \_\_\_\_\_ **Make it available only to those who wish to use it.**
- \_\_\_\_\_ **Other (please specify)** \_\_\_\_\_

**What item of equal quality would you recommend of the same subject and format in its place?** \_\_\_\_\_

**This is not a complete form if not signed below. Please return to any KPL staff member.**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Revised and adopted April 12, 2018.**