

518-477-7476

www.eastgreenbushlibrary.org

Request for Reconsideration Form

To assure prompt, complete consideration of your request, complete this form as clearly and legibly as possible explaining the nature of your concern. Please attach additional pages if necessary. The form should be delivered to East Greenbush Community Library, 10 Community Way, East Greenbush, NY 12061. Neither this document nor its contents will be considered confidential.

Print Name
Signature
Address
Telephone Number
Email Address
RESOURCE FOR RECONSIDERATION
Book or e-bookMovieMagazine/NewspaperAudio/Video Recording
Digital ResourcesGame Display/ExhibitLibrary Program
Other (please specify):
Title of Item
Author/Producer of Item
If Display/Exhibit or Library Program, please list:
Title
Date
Time
Location

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1.	what brought this resource to your attention?
2.	Have you attended the event/program or examined the resource in its entirety?YesNo
3.	What do you find objectionable? (Please be as specific as possible)
4.	What harm do you feel will result from its use?
5.	Did you find anything valuable in this resource?
6.	What do you think is the intended purpose?
7.	Are there resources(s) that you suggest for providing additional information and/or other viewpoints on this topic?
8.	Would this material be better suited for a different age level?



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9. What action do you feel should be taken with respect to your concern?
10. Are you willing to discuss the item of concern with the Library Director and the Library Board of Trustees?
Your request will be carefully considered. You will receive a written response concerning the status of the item unde
reconsideration. You may appeal against the decision of the Library Director to the Library Board of Trustees.
Signature Date
Do you represent: yourself or an organization? Self Organization
Organization name
Library use only
Staff initials Date Received