



Anoka County

LIBRARY

707 County Rd. 10 NE
Blaine, MN 55434-2398

Phone (763) 324-1500 Fax (763) 324-1389

Request For Reconsideration

Request for Reconsideration of Library Resource or Material

By completing this form, you are asking that the Library reconsider its selection of a library resource, material, or messaging. When the request is received, staff will review the resource and prepare a recommendation. You will receive a letter containing this recommendation. If you have remaining concerns, you may then request a conference with the Director or their designee to discuss the resource and the staff recommendation.

Request initiated by:

First Name

Last Name

email: _____

Phone:

Cell

Home or work phone

Are you a resident of Anoka County?

Yes

No

Address:

Street

Apt#

City

Zip

What is your comment in regard to:

- | | |
|--|--|
| <input type="checkbox"/> Printed Material | <input type="checkbox"/> Display |
| <input type="checkbox"/> Gap in materials or resources | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Video/Audio Recording | <input type="checkbox"/> Electronic Resource |
| <input type="checkbox"/> Library Program | <input type="checkbox"/> Other _____ |

Where did you first notice the material or resource:

- Social Media
- Name of Library _____
- Other _____

Title: _____

(if applicable)

Author/Producer: _____

(if known)

What brought this issue to your attention?

Did you read, watch, or review, the entire resource or material?

Yes

No

If not, what sections? _____

What concerns you about the material or resource?

What action are you requesting the committee consider?

STAFF USE ONLY

Name of Staff & Building receiving initial complaint: _____

Date Reconsideration Form was given to Patron: _____

Name of Staff & Building completed form delivered to: _____

Date completed form was delivered to building: _____

FORWARD THIS COMPLETED FORM TO LIBRARY DIRECTOR IMMEDIATELY