



1300 W. St. Germain St.
St. Cloud, MN 56301
Phone (320) 650-2500

Request for Reconsideration of Library Resource or Material

By completing this form, you are requesting the library to reconsider its selection of a library resource. You will receive communication with the library's decision. If you have further concerns, you may appeal the library's decision per the library's Collection Development policy. See griver.org/policies for more information.

- Type or print legibly. *Unsigned, illegible, or incomplete forms will not be considered.*
- Individuals must have a library card registered with GRRRL in order to submit a form, and patrons may only have two active reconsiderations in process at one time.
- Forms must be submitted to staff at any branch library. Mailed or emailed forms will only be considered if the individual submitting is homebound.

Privacy Notice: Data provided on this Request for Reconsideration, including data about the requester, may be considered public data subject to the Minnesota Data Practices Act and/or may be disclosed to third parties.

Request initiated by:

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Do you have a registered library card with GRRRL? Yes No Card #: _____

What is your comment in regards to:

Printed Material Gap in materials or resources Electronic Resource Video/Audio Recording

Other:

Title: _____

Author/Producer: _____

What brought this issue to your attention?

Did you read, watch, or review the entire resource or material? Yes No If not, which sections? _____

Explain your understanding of the intent or purpose of the material (to educate, entertain, etc.) and for what audience it was created.

What concerns you about the material or resource? Be specific. Include any supporting documentation you wish the library to consider.

Generally, requests for reconsideration restrict access by either removing, relocating, or taking other action to library materials. Please explain why your beliefs about this material should restrict other community members' access.

What action are you requesting the committee to consider?

Relocation Removal Purchase a title previously denied for purchase

Other:

I have read GRRL's Collection Development Policy, Request for Reconsideration Policy, and supporting documents.

Signature: _____ Date: _____

STAFF USE ONLY

Name of Staff & Library completed form delivered to: _____

Date completed form was delivered: _____

FORWARD THIS COMPLETED FORM TO THE ASSOC. DIR. CD IMMEDIATELY.