

**DURHAM COUNTY LIBRARY  
REQUEST FOR RECONSIDERATION OF LIBRARY RESOURCES**

*Requests for Reconsideration* will be considered by a committee composed of the Deputy Director, the manager of the facility where the complaint took place, the Resources and Technical Services Administrator, the Collection Development Coordinator and other library staff as deemed appropriate. The decision of this committee will be communicated to the Library Director who will make the final decision. The Library Director will communicate the decision by letter to the complainant. Should a complainant wish to appeal the decision, he or she may do so by requesting a hearing by the Library Board of Trustees. The appeal should be made in writing to the Library Director at least one week prior to a board meeting.

Request initiated by: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Complainant represents: self \_\_\_\_\_ an organization (name) \_\_\_\_\_

Title: \_\_\_\_\_

Author or Artist: \_\_\_\_\_

Publisher or Producer: \_\_\_\_\_

Call Number or URL: \_\_\_\_\_ Format: \_\_\_\_\_

What brought this work to your attention? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you examined the entire resource? \_\_\_\_\_

What concerns you about the resource? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like the library to do about the resource? \_\_\_\_\_

\_\_\_\_\_

Are there resources you would suggest to provide additional information and/or other viewpoints on this topic? \_\_\_\_\_

\_\_\_\_\_

Signature of requestor: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of Library Official receiving request: \_\_\_\_\_ DATE: \_\_\_\_\_