

Medicine Hat Public Library Request for Reconsideration of Library Material

Completion of this form assists the Library in understanding your concern. The steps of resolution will be in accordance with the Resources Management Policy of the Medicine Hat Library Board.

Request Initiated
By: _____

Address: _____

Phone Number: _____

Title:

Author/Creator:

Publisher/Producer:

Type of Material: (book, video, CD, CD Rom, talking book, database, etc.)

Action Requested: (removal, relocation, etc.)

Have you experienced (read, viewed, listened, etc.) this material in its entirety?

If not, what was your reason for not completing it?

To what in the material do you object, and why? (Please be specific – pages, sequences, etc.)

What do you think is the theme or purpose of this material?

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Please comment/describe the positive features of this material:

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Additional comments:

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Signature of Requester: _____

Date: _____

For Office Use Only:

Department: _____

Location of Material: _____

Department Head: _____

Date and Method Used to Contact Requester: _____

Outcome: _____