Reconsideration Request Form

Ste. Genevieve County Library values the opinions of its community of users. SGCLIB card holders are free to express opinions or concerns about specific library materials, programs, events and displays. Please note that the presence of materials, programs, or events in the library collection does not indicate that SGCLIB endorses the content of the items, programs, or events. Materials are purchased and programs and events are vetted and implemented using standard evaluation methods.

The choice of library materials accessed by a library user is an individual matter. While a user may reject materials for personal use, one may not restrict access to those materials, or attendance to programs and events by other library users. Responsibility for library materials selected and accessed or programs and events attended by children and adolescent’s rests with their parents or legal guardians.

Complaint initiated by: ____________________________ Date: ____________________________

Address: ___________________________________ City: ____________________________ State: __________

Zip: ______________________ Phone: ______________________ Email: ______________________

Requester’s Library Card # ___________________________________________________________________

Do you represent a group? Yes/No If yes please identify: __________________________________________

○ I have read and understand SGCLIB Circulation Policy
○ I have read and understand SGCLIB Reconsideration Policy
○ I have read the Constitutional Principles libraries work under found in the reconsideration policy.

Item under consideration:
Type of material (Circle one): Book Magazine DVD Program/Event Display Other (Specify): __________

Title: __________________________ Author/Artist: __________________________ Publisher ________

Please give as much relevant information as possible (title, author, year of publication, etc.):

How was this material brought to your attention?

Author/Program Presenter where display was created (please include the area of the library display is located.

Did you read/view the entire work?

What specifically do you object to in this material/Program? Cite pages or scenes

For what age group would you recommend this work?

Have you read any professional reviews about this work? If so, what?

What would you like the library to do about this item?
If this item were removed from the library (or could not be added to the library), what similar material would you recommend to replace it?

Please add additional comments on the back

Patron Signature: __________________________________________ Date: ________________
Library Director Signature: ________________________________ Date Received: ____________

Only signed forms will be considered. The Library Director will acknowledge receipt of the form within two weeks and will begin the review process. A copy of the request form without identifying patron information will be mailed to the American Library Association and the Missouri Library Association Intellectual Freedom Committee and placed on our website for review.

Please submit this form to director of the Ste. Genevieve County Library. For more information, contact the library at (573) 883-3358 or contact@sgclib.org. Thank you.

Updated and Approved by the Ste. Genevieve County Library Board June 12, 2023

FOR LIBRARY USE ONLY:

Form received by (staff member):
Date received by Library Director:

For Materials Reconsideration Requests

This section to be completed by Library Director

Criteria used to review the material:

Action recommended (including the reason for the recommendation)
For Program/ Event Reconsideration Requests

This section to be completed by the Programing Librarian

Date(s) of program:

Criteria used to review the program/event

Action Recommended (including the reason for recommendation):

Program Librarian Signature:             Date:

FOR DISPLAY RECONSIDERATION REQUESTS

THIS SECTION TO BE COMPLETED BY THE BRANCH MANAGER

Criteria used to review the display:

Action recommended (including the reason for recommendation):

Library Director Signature         Date:

Board Approved 2/14/2022
Updated 6/12/2023
How staff addresses a Reconsideration Request Form

Please do not interject your opinions about the reconsideration. Do not agree/disagree with the patron.

Reconsideration Request forms are printed on Green paper.

The request has to be filled out FULLY and spaces not filled out can result in the Reconsideration Request not being considered.

Tell patron that according to both Rule 15 CSR 30-200.015 and RSM 182.817 reconsideration requests/challenges are considered a library record. Therefore the challenge will be public record however identifying information will be redacted from the published results.