



DAYTON  
METRO  
LIBRARY

# Request for Reconsideration Form

*Please complete this form and return it to a staff member. Forms will be reviewed by Administration and a written response will be provided.*

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact preference:  Email  Phone

Do you represent yourself or an organization?  Self  Organization

Organization: \_\_\_\_\_

What are you commenting on? (*\*If commenting on an item, please include the title, author/performer, and ISBN or Library barcode, if possible. If commenting on a program or display, please include the date, title, location, and description.*)

Book

Library-purchased Internet site / resource

Other – include description

Music CD or other audio recording

Display/Exhibit

Movie

Digital slide

Magazine or newspaper

Library Program

\*Specific Information: \_\_\_\_\_

How did this item come to your attention? \_\_\_\_\_

Did you read or listen to the entire work, stay for the entire program, read the full program description, or view the entire display? If not, which parts did you read, view, attend, or listen to?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you find objectionable? Please be specific: cite pages, excerpts, scenes, or provide quotes.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What resources, if any, would you recommend for the Library to better understand your perspective on this topic?

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What action would you recommend the Library consider?

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*Please use this area for further comments if necessary.*

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***Thank you for your comments. A member of Administration will contact you regarding your concerns.\****

***\*Please note, your request will be forwarded to the Dayton Metro Library Board of Trustees and will become a matter of public record, including your name and address.***

**Office Use Only:**

Received By (Initials/Location): \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Determination: \_\_\_\_\_

Date: \_\_\_\_\_