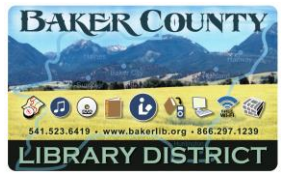


# Request for Review of Library Materials



Eligibility rules for administrative consideration:

1. Complaints and requests for review of library materials must be first presented to the Library Director for discussion and written response.
2. Requestor must be an adult resident in Baker County, Oregon and registered BCLD card holder.
3. Requests from groups or organizations will not be considered.
4. Each form can only be used for a single title at a time.
5. A maximum of ONE Request per month per person will be considered. Requests will be dismissed if submitted within 30 days of a prior request.
6. A fee may be required for consideration of more than 3 requests in 12 months.
7. Materials reviewed and retained are exempt from reconsideration again for a period of 3 years. *See library staff or website for a history of challenges.*
8. All questions require responses. Incomplete requests may be denied if deficiencies are not corrected within 30 days after notification.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Library card # \_\_\_\_\_

Title of Library Material \_\_\_\_\_

Author \_\_\_\_\_

FORMAT of the material you accessed (check all that apply):       Digital       Physical

Book/Audiobook     Magazine/Newspaper     Video     Music     Other \_\_\_\_\_

<b>REVIEW AND CHECK APPLICABLE BOXES:</b>	
<input type="checkbox"/>	I have reviewed and understand the district's <i>Collection Development Policy</i> . <b>*REQUIRED</b>
<input type="checkbox"/>	I have attempted to resolve my complaint informally with the Library Director, and am including documentation with this form as verification of my efforts to first resolve my complaint at the local administrative level. <b>*REQUIRED</b>
<input type="checkbox"/>	I understand that while my contact information is kept confidential, my name and complaint may be released at the discretion of the library. <b>*REQUIRED</b>
<input type="checkbox"/>	I will testify at a hearing



6. What originally prompted you to look at and/or borrow the material from the library?

7. Do you attest that you read/viewed/or listened to this material **voluntarily** and not due to coercion from library staff?  Yes  No

**IF NO**, please describe.

8. What reviews, critiques, or other resources evaluating this material would you recommend the library consider in its reassessment?

9. Which audience collection(s) would you recommend this item be grouped in?  
(Check all that apply)

- Adults 18+  Young Adults 13 – 17  Children 0 – 12  
 None  Other \_\_\_\_\_

10. Do you believe this material violates library policy or federal, state, or local statute?  
 Yes  No  Unsure

**IF YES**, please cite the specific policy and/or statute(s).

11. Has reading, listening, or viewing this material directly caused you, or one of your family members, personal or financial harm?  Yes  No  Unsure

**IF YES, please describe.** Be as specific as possible to show a clear connection between the alleged harm and the library material.

12. If an adult library patron disagrees with your viewpoint, why should they accept the action(s) you are recommending?

13. Do you agree with all of the following principles?

Reading is a foundational skill, critical to future learning and to exercising our democratic freedoms.

Yes             No

Books are tools for understanding complex issues. Limiting young people's access to books does not protect them from life's complex and challenging issues.

Yes             No

Individuals should be trusted to make their own decisions about what to read.

Yes             No

Parents of one family should not be making decisions for other parents' children.

Yes             No

Young people deserve to see themselves reflected in a library's books.

Yes             No

14. If you marked no to any of the above principles, why?

**BY SIGNING, I ATTEST** that I am the petitioner and the responses provided above are true as I verily believe. I understand that:

- Anonymous or unsigned requests will not be considered.
- Upon submission, this form is a public record and my name may be publicly disclosed.
- The library will keep contact information confidential from the general public to the greatest extent allowed by law.
- The library may share this Request for Review with organizations that gather information about such challenges. Personal contact information will not be included.

Signature (*required*) \_\_\_\_\_ Date \_\_\_\_\_