

Overview and General Rules

I. PURPOSE

To provide a process by which a resident of the Baker County Library District (District) may request the review of a library service. "Library services" describes but is not limited to programs, policies, procedures and displays.

II. RULES AND REGULATIONS

It is the goal of the District to provide library services for the interest, information, and entertainment of all Patrons. Library services will not be excluded because of the origin, background, or views of those contributing to their creation. "Content created by or about state or federal protected classes will be protected in accordance with state and federal antidiscrimination laws. State and/or federal protected classes include race, color, religion, sex (including pregnancy, sexual orientation, and/or gender identity), national origin, age, disability, and genetic information."

The District shall provide library services presenting varied points of view that meet the standards established by the Library Board in the District's mission and policies and shall not be removed because of partisan or doctrinal disapproval. Inclusion of a library service is not an endorsement of content.

Eligibility for an Administrative Review Request to be considered:

1. Requestor must be an adult registered Baker County Library resident card-holder.
2. Requests from groups or organizations will not be considered.
3. Each form can only be used for a single concern regarding a library service.
4. A maximum of ONE (1) request form per month per person will be considered. Requests will be dismissed if submitted within 30 days of a prior request.
5. A fee may be required for consideration of more than 3 requests in 12 months.
6. All questions on the request form require responses. Incomplete requests may be denied if deficiencies are not corrected within 30 days after notification.

An individual Request for Administrative Review of Library Services will only be reviewed one time per calendar year. If a service has already gone through the review process for the calendar year, Patrons wishing to submit a review of that same library service will receive the same report provided in the original review process.

III. PROCEDURE

Patron requests for administrative review of any library service will be given a fair hearing. A Request for Administrative Review of Library Services will consist of the following procedure:

- 1.** A patron who expresses concerns will be referred to a District staff member to respond to questions.
- 2.** The patron will be advised that if they are not satisfied with the verbal response provided by staff, they may choose to initiate a formal review by completing a written Request for Administrative Review of Library Services form.
- 3.** The completed Request for Administrative Review of Library Services form will be referred to the Library Director who will determine if the service conforms to standards as outlined in relevant District's policies, the ALA Office of Intellectual Freedom, the ALA Bill of Rights, and/or First Amendment Rights outlined by federal and state law. The Library Director may delegate the investigation to a library manager with relevant expertise to examine and review the library service in question.
- 4.** No change in library services will occur during the review process.
- 5.** The Library Director will decide on the case within fourteen (14) calendar days of the written request. The Director will respond in writing to the patron.
- 6.** The Library Director will advise the patron that they may appeal the Director's decision to the Library Board according to the BCLD Public Complaints Policy.

Administrative Review of Library Services Policy

REQUEST FOR ADMINISTRATIVE REVIEW OF LIBRARY SERVICE

Please append additional pages as needed to address the following questions and return the completed form to any Baker County Library location.

LIBRARY SERVICE DESCRIPTION

Name of Library Service: _____

Format: Program/Event Policy/Procedure Display Other

Please see **Request for Review of Library Materials for collection or materials concerns.

PATRON INFORMATION

Name: _____

BCLD Card Number: _____ Phone: _____

Address: _____

City: _____ State _____ Zip Code: _____

1. Why are you requesting review of this library service? Please be as specific as possible about the parts that cause you concern.

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Created: 8-13-2024

Updated xxxxx

2. Did you access the full library service? Yes No Unsure

IF NO or UNSURE, what percentage did you engage with, participate in, or review?

- More than 50% Less than 50% Only the parts cited above 0%

3. What do you believe is the intended objective of this library service?

4. What action(s) do you recommend the District consider taking about this library service?

5. What alternative to this library service would you recommend to the District?

6. What originally prompted you to access, engage with, or participate in this library service?

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12. 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 Unsure

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 Unsure

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

Yes No Unsure

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

Yes No Unsure

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

Yes No Unsure

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 to the best of my knowledge. I understand that:

- Anonymous or unsigned requests will not be considered.
- Upon submission, this document is a public record and my name may be disclosed.
- The District will keep contact information confidential from the general public to the greatest extent allowed by law.
- The library may share a copy of this document with organizations that gather information about such challenges. Confidential contact information will be redacted.

Signature (*required*) _____ Date _____