



Request for Reconsideration

Please complete this form and return it to a staff member.

140 Sockanosset Cross Rd.
Cranston, RI 02920

401-943-9080

cranstonlibrary.org

Name _____ Date _____
Phone # _____

Address _____

City _____ State _____ Zip _____

Email _____

Do you represent: Yourself An organization (circle one) Org. Name _____

Signature _____

Have you read the Cranston Public Library's Collection Development Policy? Yes No

Have you read the Cranston Public Library's Library-Initiated Program & Display Policy? Yes No

- 1.) Resource on which you are commenting:
- Book/ebook
 - Movie
 - Magazine
 - Audio Recording
 - Newspaper
 - Digital Resource
 - Program
 - Display
 - Other

Title: _____

Author/performer/producer: _____

Date (if commenting on a program): _____

2.) Is the title part of a series? _____

3.) What brought this resource to your attention?

4.) Have you examined the entire resource? If not, what sections did you review?

5.) What are your concerns? Please be specific cite pages, excerpts or scenes whenever possible.

6) What action are you requesting the library to consider?

Staff use only:
Date _____
Staff Initials _____

Thank you for your comments. The Library Director will contact you within 14 business days regarding your concerns.

*This form should be completed in its entirety and mailed to: Cranston Public Library, 140 Sockanosset Cross Road
Cranston, RI 02920 attn: Library Director*

A copy of the request form without identifying patron information will be sent to the ALA Office of Intellectual Freedom and the Rhode Island Library Association Intellectual Freedom Committee. The request form in its entirety may be publically available per RIGL 38-2.