

Expression of Concern and Request for Reconsideration Form

Berlin Free Town Library strives to provide all patrons with fair and equal access to library materials, resources, and programs. The Library's role is to provide opportunities that will allow individuals to freely examine subjects and make their own decisions. The choice of library materials or resources by users is an individual matter. While patrons may reject materials, resources, or programs for themselves, they may not restrict the freedom of access to these things by others.

The Library Board of Trustees and Director of the Berlin Free Town Library recognize that some patrons may take offense to the inclusion of specific items, programs or practices and they may wish to express their concerns. The trustees of Berlin Free Town Library have established a materials selection policy and a procedure for gathering input about particular items. If your discussion with members of the library staff has not alleviated your concern, completion of this request form is the next step in that procedure. Submit this form in person to library staff. After submitting the form, we encourage you to also make an appointment to speak with Sara Rogers, Library Director, by contacting her at director@bftl.org.

Date _____

Name _____

Do you represent yourself? ___ Do you represent an organization? ___

Name of Organization _____

Address _____

City _____

State/Zip _____

Phone _____

Email _____

Resource you are concerned with:

Book or e-book Movie Magazine Audio Recording

Digital Resource Game Newspaper Display/Exhibit

Library Program Other (please specify): _____

Title of Item _____

Author/Producer of item

If Display/Exhibit or Library Program, please list:

Title _____

Date _____

Time _____

Location _____

1. What brought this resource to your attention?

2. Have you examined the entire resource or did you attend the event?

Yes No

3. What concerns you about the resource(s)? Please be as specific as possible:

4. Are there resource(s) you suggest to provide additional information and/or other viewpoints on this topic?

5. What action are you requesting the committee consider?

Signature _____ **Date** _____

Date Received _____

Date Reviewed by our Board of Trustees _____