

Rochester Hills Public Library
Statement of Concern Regarding Library Resources

The Board of Trustees of Rochester Hills Public Library has authorized the use of this form as part of its *Reconsideration of Library Materials* policy and pursuant to all applicable laws at the state and federal level. Completed forms should be returned to the Library Director. Incomplete forms will be sent back to the resident.

Name: _____ Date: _____

Address: _____

_____ Phone/email _____

Resident represents: ___Self___ Organization: _____

Title of Item: _____

Author/Composer, etc.: _____

Format (e.g., book, CD, DVD, eBook): _____

Have you already received a professional staff evaluation of this material? _____ Yes
(Professional staff evaluation of the material precedes any appeal to the library board.)

Did you read, view or listen to the entire work? _____ Yes
(Residents must read, hear, or view, the entire work to have their appeal considered by the board.¹)

What specifically concerns you about this material? Note specific page number(s) or time stamp(s) on audiovisual items.

(Optional) In its place, what work of equal literary quality would you recommend the library purchase that would cover the same subject or content?

Do you wish to have this form reviewed in private, closed session by the Board?
 _____ Yes, closed session _____ No, I waive my right to library privacy for this matter

Signature of resident: _____

¹ Michigan Compiled Laws Public Act 343 of 1984