



Hollis Social Library • 2 Monument Square • Hollis, NH 03049  
Phone: (603) 465-7721 • Fax: (603) 465-3507 • [hollislibrary.org](http://hollislibrary.org)

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## Hollis Social Library: Request for Reconsideration Form

The Library Board of Trustees has delegated the responsibility for selection and evaluation of Library resources to the Library Director and has established reconsideration procedures to address concerns about those resources. Completion of this form is the first step in those procedures. If you wish to request reconsideration of a Library resource, please return the completed form to the Library Director.

*Please note: Your comments are public records. However, your name, address, and phone number will be kept confidential from the general public to the greatest extent allowed by law.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am a Hollis resident and/or Hollis Social Library cardholder:

☐ Yes ☐ No

I Represent:

☐ Myself  
☐ An Organization (name): \_\_\_\_\_  
☐ Other (name): \_\_\_\_\_

### Requesting Reconsideration Of:

☐ Book ☐ Film/DVD ☐ Sound Recording ☐ Magazine ☐ Display  
☐ Exhibit ☐ Program/Event ☐ Other: \_\_\_\_\_

Are you familiar with the Library's Material Selection and Review Policy, Library's Program and Events Policy, Library's Exhibit and Display Policy, and the Library Bill of Rights, The Freedom to Read Statement and The Freedom to View Statement of the American Library Association? (If not, copies are available at the Library and on the Library's website.)

☐ Yes ☐ No

Author/Presenter/Composer/Performer: \_\_\_\_\_

Title: \_\_\_\_\_

Scheduled Date(s) of Event: \_\_\_\_\_

Intended Audience: ☐ Children (Ages 0-12) ☐ Young Adults (Ages 0-18) ☐ Adults

Placement in the Library: ☐ Children's Room ☐ Young Adult Area ☐ Adult Area  
☐ Library Meeting Room ☐ Other: \_\_\_\_\_

Did you read/view/hear/attend the entire work?

☐ Yes ☐ No

If no, with what parts are you familiar?

\_\_\_\_\_  
\_\_\_\_\_

What do you believe is the purpose or theme?

\_\_\_\_\_  
\_\_\_\_\_

If applicable, what critical reviews of the material have you read?

\_\_\_\_\_  
\_\_\_\_\_

If applicable, what portion do you wish reconsidered? (Please be specific. Cite pages, time into viewing, audio track, track number, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Why do you want this material/program to be reconsidered?

\_\_\_\_\_  
\_\_\_\_\_

For what age group would you recommend this material/program?

\_\_\_\_\_  
\_\_\_\_\_

What would you like the Library to do with this material/program?

- ☐ Re-examine/re-review it?
- ☐ Restrict its use?
- ☐ Withdraw it from the collection?
- ☐ Cancel it?
- ☐ Other. Please specify: \_\_\_\_\_

Can you recommend an item/program that would convey the same values and perspective of our society that the Library could consider instead?

\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**For Internal Library Use Only:**

Form received at HSL by: Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Challenger contacted by Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Second attempt at contact if first attempt unsuccessful. Date: \_\_\_\_\_)

☐ Review Committee Selected. Date: \_\_\_\_\_

Review Committee Members:

- 1.
- 2.
- 3.

☐ Review Committee Meeting. Date: \_\_\_\_\_

Decision: \_\_\_\_\_

☐ Challenger notified of Director's written determination. Date of notification: \_\_\_\_\_

☐ Challenger choose to appeal to Board of Trustees. ☐ Yes ☐ No

Date of appeal hearing: \_\_\_\_\_

☐ Challenger notified of Board of Trustees written determination. Date of notification: \_\_\_\_\_

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Approved: October 12, 2004

Reviewed/Revised: October 4, 2011; February 4, 2014; March 4, 2014; May 14, 2019, September 12, 2022

Reviewed by Legal Counsel: August 2022