Stoneham Public Library STONEHAM, MASSACHUSETTS 02180



**Request for Reconsideration of Library Programs**

The Stoneham Public Library takes your concern seriously. The Library, upon receipt of this form from a Stoneham resident, will review the program in the light of the Library’s overall objectives, its policies, the [Library Bill of Rights](https://www.ala.org/advocacy/intfreedom/librarybill), and [ALA guidelines on intellectual freedom](https://www.ala.org/advocacy/intfreedom).

The Library Director will respond in writing within 30 days of receipt of this submission. If the patron wishes to appeal the Library Director’s decision, they can request, in writing, an Appeals Hearing to be held at a Board of Library Trustees public meeting.

You may type in this form or submit a separate document, but **all** questions must be answered.

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

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you represent yourself? \_\_\_\_\_\_ Or an organization? \_\_\_\_\_

Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date/Time of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the program in person? \_\_\_\_\_ Virtual? \_\_\_\_\_

*(please complete both sides of the form)*

1. What brought this program to your attention?

2. Please describe your concerns regarding this program.

3. What specific elements of this program illustrate your concerns?

4. Are your objections based on age of the potential participant or to the point of view expressed? Or Other? Please explain.

5. Do you see anything of value with this program?

6. In your personal opinion what do you feel might be the result of participating in this program? On what do you base this opinion?

8. What action(s) are you requesting the Library consider?

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