

Lucy Robbins Welles Library

Statement of Concern About Library Materials, Events or Displays Reconsideration Form

*The Library Board has authorized the use of this form as part of the Materials Selection Policy.
An individual shall not submit a request for reconsideration without all of the information on the form included.*

Your Full Legal Name: _____

Address: _____

Telephone: _____ Email: _____

Your Library Card #:_____

Date: _____

Are you speaking on behalf of an organization or group? Yes _____ No _____

If yes, what group or organization? _____

Your Position within organization: _____

Work of concern is: Book/Audiobook/eBook Magazine/eMagazine CD/Streaming audio
 Display DVD/Streaming video Program/Event Other: _____

Title of Material /Event/Display_____

Author (If Material) _____

Date and Location (If Event or Display) _____

1. Have you read the LRWL Library Materials Selection Policy? Yes No

2. Did you read/view/listen to the entire work (If Material): Yes No

If no, which parts have you read/viewed/listen to?

3. Did you attend/view the event/display of concern (If Event or Display): Yes No

4. Have you read the LRWL Material Review and Reconsideration Policy? Yes No

5. Specify which portion or portions of the material/event/display is objected to and explain the reason for your objection. (use additional pages, if necessary).

6. What have you heard or read about the material/event/display? What was the source of the information about this item?

7. What in the work/event/display concerns you? (please be specific; cite page numbers):

8. Did you share your concerns with library staff? What was their response?

9. Is there anything good or of value to this material/event/display?

10. What do you believe is the purpose of this material/event/display?

11. In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject treated?

12. How was the material/event/display brought to your attention?

13. Are you aware of any critical reviews dealing with this material or event? List her or provide an attachment.

14. What would you like the library to do regarding this material/event/display?

15. Why do you feel your negative feelings about this work should prevent other members of the Newington community, who may not share your concerns, from accessing this material/event/display?

Signature: _____

Date: _____

Reconsideration requests are not confidential patron records under section 11-25 of the CT General Statutes.

Date Received: _____

Initials of Staff Person: _____

Revised October 2025
Revised February 2022
Lucy Robbins Welles Library Board of Trustees