

Cook Memorial Library

Request for Administrative Review of Library Services

Please append additional pages as needed to address the following questions and return the completed form to Cook Memorial Library.

LIBRARY SERVICE DESCRIPTION

Name of Library Service:

Format: Program/Event Policy/Procedure Display Other

**Please see Request for Review of Library Materials for collection or materials concerns.

PATRON INFORMATION

Name:

Cook Memorial Library Card Number:

Phone:

Address:

City:

State:

Zip Code:

1. Why are you requesting review of this library service? Please be as specific as possible about the parts that cause you concern.

2. Did you access the full library service? Yes No

IF NO, what percentage did you engage with, participate in, or review?

More than 50% Less than 50% Only the parts cited above 0%

10. Has accessing this library service caused you, or someone of whom you are the legal guardian, personal or financial harm?

Yes No

IF YES, please describe. Be as specific as possible to show a clear connection between the alleged harm and the library service.

11. If an adult library patron disagrees with your viewpoint, why should they accept the action(s) you are recommending?

12. Do you agree with all of the following principles?

- Reading is a foundational skill, critical to future learning and to exercising our democratic freedoms.
 Yes No
- Books are tools for understanding complex issues.
 Yes No
- Limiting young people's access to books does not protect them from life's complex and challenging issues.
 Yes No
- Individuals should be trusted to make their own decisions about what to read/view.
 Yes No
- Individuals should not be making decisions for other adults or other adults' children.
 Yes No
- Young people deserve to see themselves reflected in a library's materials.
 Yes No

If you marked no to any of the above principles, please explain why.

By signing, I attest that I am the petitioner and the responses provided above are true to the best of my knowledge. I understand that:

- Anonymous or unsigned requests will not be considered
- My request will only be considered if I am a current Cook Memorial Library patron and I have had my library card for longer than three months
- Upon submission, this document is a public record and my name may be disclosed. The Library will keep contact information confidential from the general public to the greatest extent allowed by law; however, everything submitted is subject to public records laws
- The Library may share a copy of this document with organizations that gather information about such challenges. Confidential contact information will be redacted

Signature (required) _____ Date _____