

**Material for Reconsideration Form**

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

Author: \_\_\_\_\_

Publisher: \_\_\_\_\_

Date/Edition: \_\_\_\_\_

Indicate the type of material (circle one):

Book   Audiobook   Video   Magazine   e-Book   e-Audiobook   e-Video   e-Magazine

Source of material (circle one, please provide the name of the database for digital items):

Koha/Catalog   Read & Return   Project Read   Digital Source: \_\_\_\_\_

Did you read, view, or listen to the entire work? (circle one)   All   Part

Optional: Where in the work did you stop reading, viewing, or listening? \_\_\_\_\_

Did you read the PC Collection Development Policy, American Library Association's Library Bill of Rights, Freedom to Read, and Freedom to View statements? (circle one)   Yes   No

Please describe your concerns regarding this material:

What specific pages or sections best illustrate your concerns?

How did this work come to your attention?

As an alternative, what work would you recommend that would best convey as valuable a picture and perspective of the subject?

Contact Information (Required for Response):

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

(Optional) Email: \_\_\_\_\_

(Optional) Phone: \_\_\_\_\_

Do you represent yourself, your child, or an organization (if so, which organization or agency)?

\_\_\_\_\_

*To receive a written response, you must provide either your mailing address or email.*

*Please provide this completed form to the branch staff in-person, mail it directly to Plumas County Library Attn: Collection Development at 445 Jackson St. Quincy CA 95971, or email it to Plumas County Library at [pclibq@psln.com](mailto:pclibq@psln.com) with the subject line **Material for Reconsideration**.*

*Any challenges will be recorded with the American Library Association's Office for Intellectual Freedom for tracking and statistical reporting purposes. Your identifying contact information (name, address, email and/or phone number) is not provided.*

**For Staff to Fill Out**

Date Received Reconsideration Form: \_\_\_\_\_

Source of Form (circle one):    In-Person    Email    Mail

Branch & Staff Initials: \_\_\_\_\_