



Request for Reconsideration of Library Materials

Please complete this form if you wish to request the reconsideration of material owned by Otis Library. All fields must be completed, and the form must be submitted in writing to the Executive Director. All requests must be made by a resident of Norwich, Connecticut.

Name (Please print): _____

Address: _____

Phone Number: _____

Email Address: _____

Type of Resource: ☐ Book ☐ Movie ☐ Audiobook ☐ Magazine ☐ Video Game
☐ Digital Resource ☐ Newspaper ☐ Other _____

Title: _____

Author/Editor/Creator: _____

Publisher/Producer: _____

Date of Publication: _____

1. What brought this resource to your attention?

2. Have you read, listened to, or viewed the entire resource? ☐ Yes ☐ No
If not, what parts have you examined?

3. To what do you object? Please be as specific as possible, including citations, quotes, and the reason for your objection. Include additional paper if necessary:

4. Who would be negatively impacted by the Library's ownership of this material and how? (citations and evidence required):

5. For what age group would you recommend this resource? _____

6. Explain the purpose of this material:

7. What positive qualities or overall value does the material present?

8. Explain how the material fails to meet Intellectual Freedom standards:

9. Explain how the material fails to meet the requirements of the Library's Collection Development and Maintenance Policy.

10. What would you like the Library to do about this material?

11. Are there materials you can suggest that would provide additional information and/or other viewpoints on the topic? (include titles, author/creator, publisher)

12. How has the material you have suggested been assessed in professional review sources (include citations)?

13. Are representing your own thoughts and opinions throughout this request? ☐ Yes ☐ No

14. Do you represent a group or organization? ☐ Yes ☐ No

If yes, please identify the group or organization: _____

Patron Signature _____ Date: _____

To be considered, each form must be signed and filled out in its entirety. Within 60 days of the Executive Director's receipt of the completed form, you will be notified in writing of the results of the reconsideration process. Please note that reconsideration requests are not confidential patron records under Section 11-25 of the Connecticut General Statutes.

Return to:
Otis Library
Attention: Executive Director
261 Main Street
Norwich, CT 06360



Request for Reconsideration of Library Display

Please complete this form if you wish to request the reconsideration of materials or items displayed at Otis Library. All fields must be completed, and the form must be submitted in writing to the Executive Director. All requests must be made by a resident of Norwich, Connecticut.

Name (Please print): _____
Address: _____
Phone Number: _____
Email Address: _____

Audience: ☐ Adults ☐ Families ☐ Teens ☐ Children ☐ Other: _____

1. What brought this display to your attention?

2. What are your concerns about this display? Please be specific.

3. What, in your opinion, were the positive aspects of this display?

4. What would you recommend to replace or supplement this display?

5. Are representing your own thoughts and opinions throughout this request? ☐ Yes ☐ No

6. Do you represent a group or organization? ☐ Yes ☐ No

If yes, please identify the group or organization: _____

Patron Signature _____ Date: _____

To be considered, each form must be signed and filled out in its entirety. Within 60 days of the Executive Director's receipt of the completed form, you will be notified in writing of the results of the reconsideration process. Please note that reconsideration requests are not confidential patron records under Section 11-25 of the Connecticut General Statutes.

Return to:

Otis Library
Attention: Executive Director
261 Main Street
Norwich, CT 06360



Request for Reconsideration of Library Program

Please complete this form if you wish to request the reconsideration of a program hosted by or presented at Otis Library. All fields must be completed, and the form must be submitted in writing to the Executive Director. All requests must be from a Norwich resident.

Name (Please print): _____
Address: _____
Phone Number: _____
Email Address: _____

Audience: ☐ Adults ☐ Families ☐ Teens ☐ Children ☐ Other: _____

1. What brought this program to your attention?

2. Did you attend the entire program? ☐ Yes ☐ No

3. If not, what, if any, portion of the program did you attend?

4. What are your concerns about this program? Please be specific.

5. Did you share your concerns with Library staff at the program? ☐ Yes ☐ No

6. If so, what was their response?

7. What, in your opinion, were the positive aspects of this program?

8. What would you recommend to replace or supplement this program? (please include contact information of suggested presenter, if applicable)

9. Are representing your own thoughts and opinions throughout this request? ☐ Yes ☐ No

10. Do you represent a group or organization? ☐ Yes ☐ No

If yes, please identify the group or organization: _____

Patron Signature _____ Date: _____

To be considered, each form must be signed and filled out in its entirety. Within 60 days of the Executive Director's receipt of the completed form, you will be notified in writing of the results of the reconsideration process. Please note that reconsideration requests are not confidential patron records under Section 11-25 of the Connecticut General Statutes.

Return to:
Otis Library
Attention: Executive Director
261 Main Street
Norwich, CT 06360