



Request for Reconsideration

Please complete this form and return it to a staff member.

140 Sockanosset Cross Rd.
Cranston, RI 02920

401-943-9080

cranstonlibrary.org

Date _____

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Email _____

Do you represent: Yourself An organization? (check one) Org. Name _____

Have you read the Cranston Public Library's Collection Development Policy? Yes No

Have you read the Cranston Public Library's Library-Initiated Program & Display Policy? Yes No

What item/program/
display/exhibit are
you commenting on?

If commenting on an item, what is the title and author/performer/producer?

If commenting on a program/display/exhibit what is the title and the date?

Did you read or listen
to the entire work,
stay for the entire
program, view the
entire display? If not,
which selection or
part did you read or
view?

What are your
concerns? Please be
specific; cite pages,
excerpts, or scenes
whenever possible.

Staff use only:
Date _____
Staff Initials _____

Thank you for your comments. The Library Director will contact you regarding your concerns.

A copy of the request form without identifying patron information will be sent to the American Library Association Office of Intellectual Freedom.

Please use the back of this page for further comments if necessary.